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ABSTRACT

Increasingly, teachers are expressing their growing concern about problem behaviors many children display in their classrooms. This technical guide offers Head Start staff a process for reflecting on their own practice, assessing difficult situations, and designing interventions for problem behaviors through joint problem solving. The guide is written for Head Start teaching teams and their immediate supervisors; it will also be useful to family service workers, home visitors, managers, and other Head Start staff, as well as consultants. The guide contains the following sections: (1) "Module 1: Laying the Groundwork" helps participants identify ways in which their own perceptions and experiences influence how they interact with children with challenging behaviors; (2) "Module 2: Practically Speaking" helps participants develop a system for collecting data and then using it to develop strategies that capitalize on children's strengths and needs; (3) "Module 3: Building a Supportive Environment" helps participants identify when and how to seek appropriate supports within the program and within the community in an effort to fully integrate children with challenging behaviors into their programs; (4) "Continuing Professional Development" offers strategies that supervisors can use to help staff apply new skills and extend their learning; and (5) "Resources" lists print and audiovisual materials and other resources that staff can use to learn more about the key issues presented in the guide. In order to accommodate the needs of different Head Start grantees, each module offers two different delivery strategies: workshop and coaching. (EV)

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HEAD START®

Training Guides for the Head Start Learning Community

ED 417 846

Supporting Children with Challenging Behaviors: Relationships Are Key

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

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1997

Contents

Preface viii

Introduction 1

Overview 1
- *Purpose* 1
- *Audience* 1
- *Performance Standards* 2
- *Organization of the Guide* 2
- *Organization of the Modules* 2

Definition of Icons 4

At A Glance 5

Getting Started 8
- *Questions and Answers about Children with Challenging Behaviors* 8

Module 1 13

Laying the Groundwork 13
- *Outcomes* 13
- *Key Concepts* 13
- *Background Information* 13
  - Activity 1-1: Why Does He Act This Way? 15
  - Activity 1-2: The Power of Assumptions 20
  - Activity 1-3: Seeing Possibilities 23
- *Next Steps: Ideas to Extend Practice* 27
- *Handouts* 29
  - Handout 1: Phil's Story 29
  - Handout 2: Assumptions 30
  - Handout 3: Discussion Questions 32
  - Handout 4: Scotty Must Have Done It! 33
  - Handout 5: Role Play 34

Contents

Handout 6: Observer Worksheet 35
Handout 7: The Power of Assumptions 36

Module 2 37

Practically Speaking 37
Outcomes 37
Key Concepts 37
Background Information 37
Activity 2-1: Take a Look 39
Activity 2-2: Promoting Protective Factors 43
Activity 2-3: Finding Strengths 46
Activity 2-4: Assessing the Classroom Environment 49
Activity 2-5: Making Changes 52
Next Steps: Ideas to Extend Practice 54
Handouts 56
Handout 8: Running Record Form 56
Handout 9: Roles 57
Handout 10: Making a Difference 60
Handout 11: Strategies to Support Resilience 61
Handout 12: Where Are We? 62
Handout 13: Trouble Spots 64
Handout 14: Checklist 65
Handout 15: Adapting the Environment 67
Handout 16: Adapting Routines and Transitions 68

Module 3 69

Building a Supportive Environment 69
Outcomes 69
Key Concepts 69
Background Information 69

Contents

Activity 3-1: Asking for Help 71
Activity 3-2: What If? 75
Activity 3-3: Finding the Support You Need 80
Activity 3-4: Take Care of Yourself! 82
Next Steps: Ideas to Extend Practice 85
Handouts 87
Handout 17: Rose's Journal 87
Handout 18: Worksheet Questions 89
Handout 19: Epilogue 90
Handout 20: Draft Contingency Plan 91
Handout 21: Cartoon 92
Handout 22: Discussion Questions 93
Handout 23: Survival Tips 94

Continuing Professional Development 97

Resources 103

Preface

When Andre first came into our program, he had no sense of inner control. He'd kick. He'd bite. He'd spit. He'd stand on tables. He'd knock down what other children had built. He couldn't play with other children. He couldn't join our morning meeting; he'd just dart out the door.

We created a "buddy system" to give him the one-to-one relationship he had sorely missed. Theresa is a teacher with a lot of patience. Andre didn't push her buttons the way he had with other teachers. Arrangements were made so that the first hour of each day, Theresa was Andre's special friend. Every day she was the one who would greet him at the door. She would pick a game that she thought he would like. With time, he began saying "yes" to things, and sometimes he'd even suggest activities that they could do together. At the beginning, Andre would only stay close to Theresa. Gradually, he began to leave her side to join other children with their activities. But even then, he'd still look over his shoulder to make sure Theresa was there.

When there's a sudden transition, or when a teacher is absent, he will still fall apart. But Andre has changed. He can listen; he can think before he lashes out; his attention span has increased; he is moving toward cooperative play. It has been a transformation.

Andre's story reprinted with permission from S. Grollman and J. P. Brady, Education Development Center, Inc. 1994. *Teaching Children Affected by Substance Abuse*. Washington, DC: U.S. Department of Health and Human Services.

Preface

Across America, Head Start staff carry on their day-to-day work in communities that are diverse in ethnicity, demographics, and size. Yet they share a common concern. In inner-city neighborhoods, in the suburbs, and in rural communities, educators face challenging behaviors displayed by growing numbers of children. Many of these children lack social skills, become lost and disorganized when switching from one activity to another, are prone to sudden emotional outbursts, or are persistently withdrawn.

While teachers do not always know the source of their children's difficulties, they are keenly aware of the risks that contribute to problem behaviors. Environmental factors such as poverty, community violence, exposure to substance abuse, and child abuse and neglect are key issues that negatively affect children's behavior. Regardless of the reasons, Head Start staff face one overarching challenge: to find ways, with available resources, to effectively meet the needs of children with significant emotional and behavioral problems.

A number of books describing techniques for specific problem behaviors are now available. These resources provide varied and practical solutions to common challenging behaviors in young children. When working with children with significant emotional and problem behaviors, however, staff may need more than discrete techniques. As Andre's story illustrates, a nurturing, consistent relationship between the child and a Head Start staff person is key. It is this relationship that provides the context for every strategy; it is the glue that gives strategies their power.

Effective strategies build on what teachers already know, and on developmentally appropriate practices. But additional supports are also needed. Successfully including all children demands a comprehensive approach, one that is responsive to the needs and strengths of children and their families, as well as those of Head Start staff. That is the purpose of this technical guide: to provide Head Start teaching staff, home visitors, family service workers, managers, and other Head Start staff, as well as consultants, with a process for reflecting on their own practice, assessing difficult situations, and designing interventions through collaborative problem solving. Such a process facilitates team building and open communication, and requires leadership and encouragement from the top. Head Start staff need permission to try new strategies, to have the opportunity to say, "This is not working. What else can we try?" They need to know where and to whom they can turn for expert guidance and support, both emotional and practical, whether they are seeking a volunteer to work in the classroom, or ways to involve mental health professionals. And they need time to solve problems and learn together.

Preface

Each program will need one key person to coordinate this staff development effort and identify suitable trainers. We recommend selecting trainers who are philosophically aligned with the assumptions of this guide, are knowledgeable about the content, and understand the day-to-day realities of Head Start life. The Education guides, *Enhancing Children's Growth and Development* and *Observation and Recording: Tools for Decision Making*, and the Health guide, *Promoting Mental Health*, together lay the foundation for the skills introduced in this technical guide. We hope that taken together, these materials, as well as our other guides about inclusion, will strengthen Head Start's capacity to better serve all children and their families.

Introduction

Overview

Purpose

Increasingly, teachers are expressing their growing concern about problem behaviors many children display in their classrooms. Teachers' frustrations and struggles are evident in many ways, from informal conversations to requests for resources and technical assistance. In fact, our needs assessment of Head Start programs across the country indicated that including children with challenging behaviors was clearly the top priority. Grantees talked openly about the challenges they faced, especially in working with children who exhibit violent, destructive, or unpredictable behavior. They expressed a need for more information, and for ongoing practical and emotional support from supervisors and from each other.

A developmentally appropriate classroom lays the groundwork; teachers can also draw from a number of approaches, such as conflict resolution and behavior modification strategies. A nurturing, consistent relationship between a child and her caregiver is also key when working with children with complex and significant problem behaviors. As one program director emphasized, "Caregivers are not interchangeable; there's simply no substitute for bonding." It is this relationship that provides the context for every strategy. In addition, staff need support to view each child's behavior as a means of communication. These behaviors provide important clues about what the child needs, how she copes, and the strategies that may be effective in helping her.

This guide will offer Head Start staff a process for reflecting on their own practice, assessing difficult situations, and designing interventions through joint problem solving. The guide will help Head Start staff understand their own behavior, their assumptions, and their relationships with children with challenging behaviors and with each other. Such an understanding reinforces the importance of teamwork, and provides the necessary foundation for developing strategies and using techniques that support children with challenging behaviors and their families.

Audience

This technical guide is written for Head Start teaching teams and their immediate supervisors; it will also be useful to family service workers, home visitors, managers, and other Head Start staff, as well as consultants.

Introduction

Performance Standards

This guide applies Head Start core values, as well as the Head Start Program Performance Standards on Services for Children with Disabilities. It also applies Head Start Program Performance Standards related to individualizing, developmentally appropriate practice, and supporting the social and emotional development of all children.

Organization of the Guide

This guide includes the following sections:

Module 1: Laying the Groundwork helps participants identify ways in which their own perceptions and experiences influence how they interact with children with challenging behaviors.

Module 2: Practically Speaking helps participants develop a system for collecting data, and then use it to develop strategies that capitalize on children's strengths and needs.

Module 3: Building a Supportive Environment helps participants identify when and how to seek appropriate supports within the program and within the community in an effort to fully integrate children with challenging behaviors into their programs.

Continuing Professional Development offers strategies that supervisors can use to help staff apply new skills and extend their learning.

Resources lists print and audiovisual materials and other resources that staff can use to learn more about the key issues presented in the guide.

Organization of the Modules

In order to accommodate the needs of different grantees, each module offers two different delivery strategies: workshop and coaching. Workshops are suitable for groups of 10 or more participants. Workshops can build strong site-based teams, as well as help staff from multiple sites develop a program-wide identity. Coaching permits one, two, or three staff members to work together under the guidance of a coach, who could be a Head Start manager, head teacher, or outside consultant. Coaching provides individual flexibility and helps participants to work on actual issues and challenges in their own program. While activities vary according to the type of delivery strategy, the content and objectives are the same for each approach.

Introduction

Each module is organized so that workshop leaders and coaches can easily implement the activities. All modules contain the following sections:

- The *Outcomes* section summarizes the skills participants will learn in the module.
- The *Key Concepts* section describes the critical issues addressed.
- The *Background Information* section provides a rationale for the module.
- The *Activities* section provides step-by-step instructions for workshop or coaching sessions.
- The *Next Steps: Ideas to Extend Practice* section includes strategies to help participants practice the skills learned in the module.

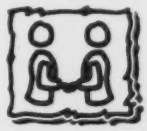
Some activities include a Discussion Guide or Lecture Guide to help workshop leaders and coaches think through the session's key ideas and anticipate participants' responses. Handouts appear at the end of each module.

Ideally, participants should complete all the workshops or all the coaching activities in each module sequentially. Similarly, the modules should be used sequentially, since activities in each delivery strategy build on those in the previous module. If possible, allow participants to complete the modules over an extended period of time, perhaps over a four- to six-month period. With Next Steps: Ideas to Extend Practice and Continuing Professional Development, training could extend into a year-long process.

Introduction

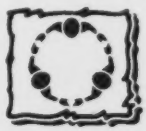
Definition of Icons

Coaching



A training strategy that fosters the development of skills through tailored instruction, demonstrations, practice, and feedback. The activities are written for a coach to work closely with one to three participants.

Workshop



A facilitated group training strategy that fosters the development of skills through activities which build on learning through group interaction. These activities are written for up to 25 participants working in small or large groups with one or two trainers.

Next Steps: Ideas to Extend Practice

Activities assigned by the trainer immediately following the completion of the module to help participants review key information, practice skills, and examine their progress toward expected outcomes of the module.

Continuing Professional Development

Follow-up activities for the program to support continued staff development in the regular use of the skills addressed in a particular training guide. It includes:

1. Opportunities tailored for the participant to continue building on the skills learned in the training.

2. Ways to identify new skills and knowledge needed to expand and/or complement these skills through opportunities in such areas as higher education, credentialing, or community educational programs.

At A Glance

Module	Activity	Time	Materials
Module 1: Laying the Groundwork	Activity 1-1: Why Does He Act This Way? (W) Participants reflect on their own assumptions about children with challenging behaviors, and how these assumptions affect their interactions with and expectations of children and their families.	120 minutes	Handout 1–Phil's Story Handout 2–Assumptions Handout 3–Discussion Questions Handout 4–Scotty Must Have Done It! Easel, chart paper, markers, tape
	Activity 1-2: The Power of Assumptions (W) Participants observe and experience how their assumptions affect their interactions with children with problem behaviors.	90 minutes	Handout 5–Role Play Handout 6–Observer Worksheet Handout 7–The Power of Assumptions Easel, chart paper, markers, tape
	Activity 1-3: Seeing Possibilities (C) Coaching adaptation of Activity 1-2: The Power of Assumptions.	60 minutes	Handout 5–Role Play Handout 6–Observer Worksheet Handout 7–The Power of Assumptions Easel, chart paper, markers, tape

W = Workshop

C = Coaching

Module	Activity	Time	Materials
Module 2: Practically Speaking	Activity 2-1: Take a Look (W) Participants practice their observation skills as they collect data helpful for planning interventions for a child with problem behaviors.	90 minutes	Handout 8–Running Record Form Handout 9–Roles Easel, chart paper, markers, tape
	Activity 2-2: Promoting Protective Factors (W) Participants assess their program's ability to promote protective factors for children, and develop strategies to support resilience.	120 minutes	Handout 10–Making a Difference Handout 11–Strategies to Support Resilience Handout 12–Where Are We? Easel, chart paper, markers, tape
	Activity 2-3: Finding Strengths (C) Coaching adaptation of Activity 2-2: Promoting Protective Factors.	90 minutes	Handout 8–Running Record Form Handout 10–Making a Difference Handout 11–Strategies to Support Resilience Handout 12–Where Are We? Easel, chart paper, markers, tape
	Activity 2-4: Assessing the Classroom Environment (W) Participants develop a plan for adapting their classroom environment and routines to meet the needs of children with problem behaviors.	120 minutes	Handout 13–Trouble Spots Handout 14–Checklist Handout 15–Adapting the Environment Handout 16–Adapting Routines and Transitions Easel, chart paper, markers, tape
	Activity 2-5: Making Changes (C) Coaching adaptation of Activity 2-4: Assessing the Classroom Environment.	90 minutes	Handout 14–Checklist Handout 15–Adapting the Environment Handout 16–Adapting Routines and Transitions Easel, chart paper, markers, tape

Module	Activity	Time	Materials
Module 3: Building a Supportive Environment	Activity 3-1: Asking for Help (W) Participants analyze journal entries of a Head Start teacher to identify times when it is important to seek additional information and support.	120 minutes	Handout 17–Rose's Journal Handout 18–Worksheet Questions Handout 19–Epilogue Easel, chart paper, markers, tape
	Activity 3-2: What If? (W) Participants develop contingency plans for responding to emergency situations.	120 minutes	Handout 20–Draft Contingency Plan Easel, chart paper, markers, tape
	Activity 3-3: Finding the Support You Need (W) Participants identify the practical and emotional supports they need as caregivers.	90 minutes	Handout 21–Cartoon Handout 22–Discussion Questions Handout 23–Survival Tips Easel, chart paper, markers, tape
	Activity 3-4: Take Care of Yourself! (C) Coaching adaptation of Activity 3-1: Asking for Help and Activity 3-3: Finding the Support You Need.	120 minutes	Handout 17–Rose's Journal Handout 18–Worksheet Questions Handout 21–Cartoon Handout 23–Survival Tips

W = Workshop

C = Coaching

Introduction

Getting Started

While there are no simple recipes for a successful staff development experience, here are some key steps to follow:

- *Learn about the program.* If you are not a Head Start staff member, identify background information about the program and the real concerns that teachers, specialists, and administrators struggle with daily as they work to meet the diverse needs of children. The more relevant the session is to staff members' immediate needs, the more effective the experience will be.

- *Develop links with participants.* Just as children need a supportive, safe environment to learn and grow, staff, too, need a climate that facilitates team building and open communication. They need encouragement and time to reflect on their practice as they develop strategies for meeting the individual needs of children and their families. It is a complex journey, requiring careful observation, collaboration, and re-evaluation.

- *Become familiar with the guide.* Before conducting any activities, familiarize yourself with the guide, its contents, and its underlying philosophy.

- *Develop links with supervisors.* Supervisors can help you assess the interests and needs of staff; they can also give you a picture of the day-to-day issues that arise. Lay the foundation for a positive partnership by meeting with supervisors before you begin. Ask: Have staff, parents, and consultants discussed their ideas and feelings about including children with challenging behaviors in the program? What are their greatest concerns and fears? What are the greatest barriers?

The section below, Questions and Answers about Children with Challenging Behaviors, outlines some questions that Head Start staff across the country often ask. While the issues described are not the focus of the training, participants may raise similar questions during activities.

Questions and Answers about Children with Challenging Behaviors

Q: Why are there increasing numbers of children who exhibit problem behaviors?

A: Increasingly, teachers are expressing their growing concerns about challenging behaviors children display in their classrooms. These children may lack social skills, become lost and disorganized when switching from one activity to another, be prone to sudden outbursts,

or may be persistently withdrawn or aggressive. While teachers cannot always be sure of the source of children's difficulties, they are keenly aware of the risks that contribute to problem behaviors: the effects of poverty; exposure to community and/or family violence; inadequate health care; or lack of social supports. It is, in fact, the combination of these risks that is the most powerful indicator of later developmental problems.

Q: Are children with challenging behaviors eligible for special education services from the public schools?

A: Many children with challenging behaviors do not qualify for special education and related services according to the Individuals with Disabilities Education Act's (IDEA) criteria for "serious emotional disturbance." In fact, this diagnosis, which only covers the far end of the spectrum of behavioral disorders, applies to just one percent of the child population. While children may not meet IDEA's criteria for "serious emotional disturbance," they may meet the criteria for emotional/behavioral disorders set forth by the Head Start Program Performance Standards on Services for Children with Disabilities. In these cases, Head Start is responsible for developing an educational plan for the child and assuring that it is implemented; Head Start would also be responsible for securing special supports needed to include the child in a Head Start program.

Q: Can experienced teachers quickly determine if a child has an emotional/behavioral disorder?

A: While teachers may rightly suspect that they have a child with an emotional/behavioral disorder in their classroom, they cannot make a diagnosis. After permission is obtained from parents, a diagnosis may be made by a qualified professional. According to the Head Start Program Performance Standards on Services for Children with Disabilities, the evaluation process must include an assessment of the child's behavior in multiple settings and a "review of the child's regular Head Start physical examination to eliminate the possibility of misdiagnosis due to an underlying physical condition."

Q: Can a diagnosis ensure that children will get the help they need?

A: While a diagnosis can be helpful in suggesting (and perhaps ensuring payment for) needed interventions, it is not the solution to the problem. Knowing for sure that a child has an emotional or behavioral disorder is only the beginning. The diagnosis still does not help adults know how best to work with a child on a day-to-day basis. To successfully accomplish this, a process of ongoing, collaborative inquiry is essential, in which all the team players (parents, staff, and

specialists) are involved in observing, identifying needs, brainstorming strategies, and evaluating outcomes.

Q: Can medication such as Ritalin or other stimulants help children manage their behavior?

A: Yes, in certain circumstances. However, monitoring the effects of medication is *critical.* Teachers' feedback about individual children's responses to medication can help parents and physicians make important medical decisions about whether or not to continue the medication, whether the dosage is appropriate, etc. While some children can benefit from medication, it is *never* a substitute for individualized support and attention. Many practitioners recommend that medication not be the only treatment used. It should be supplemented with educational and/or psychological interventions.

Q: What types of interventions are most successful?

A: Some interventions targeted at remediating specific and common problem behaviors in young children have been very successful in certain situations. For example, behavior modification has been used successfully with children with one behavior difficulty, such as biting or bed-wetting. But children with complex emotional and behavioral problems have difficulties that are pervasive and more significant in intensity, frequency, and duration. For these children, it is important to take into account the complexity of the classroom environment, the needs or style of the teacher and other caregivers, the home and community environment, and the strengths of the child and her family. For these children, a more comprehensive approach is needed. Recently, researchers have begun to shift the focus from risk to resilience. They ask: What do children who have positive outcomes, despite their exposure to multiple risks, have in common? What can we learn from them? Many researchers agree that most crucial to such success is the establishment of a close bond with an adult. This relationship provides the context for every strategy; it is the glue that gives strategies their power.

Trainer and Coach Preparation Notes:

Throughout the training, remind participants that what people judge as "acceptable behavior" is often very subjective, and can be, in fact, "culture bound." That is, what is considered unacceptable in one culture might be acceptable and common practice in another. This should be kept in mind when dealing with children from diverse cultures who may be exhibiting "challenging" behaviors. If the child's behavior is not dangerous, staff should gather facts about the behavior within the child's culture, before judging such behavior as "troubled" or planning interventions. Behavior must be assessed within the appropriate context.

Also, remind participants that all families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need-to-know" basis. Before participants share their descriptions of children in the program, make sure they fully understand issues around confidentiality.

Laying the Groundwork

Outcomes

After completing this module, participants will be able to:

- Identify how their own experiences and assumptions directly influence their relationships (positively and/or negatively) with children with challenging behaviors and their families.
- Use a strategy to shift their assumptions in a way that will better serve children with challenging behaviors.

Key Concepts

- Children with significant problem behaviors can be challenging for everyone: for other children, for parents, and for staff.
- There are no fast and easy solutions. Head Start staff need to work collaboratively with each other, with children, with parents, and with other service providers to assess the child's strengths and needs, and to create and implement appropriate interventions.
- Serving children with challenging behaviors is a developmental process. As such, it takes time and ongoing supportive teamwork if it is to be successful.

Background Information

Head Start staff strive to meet the diverse needs of children with varying abilities and behaviors on a daily basis. Achieving this goal is a challenge, especially as programs report they are serving increasing numbers of children with problem behaviors. While staff do not always know the source of children's difficulties, they are keenly aware of the risks that contribute to problem behaviors: the effects of poverty; exposure to community and/or family violence; inadequate health care; and lack of social supports. It is, in fact, the combination of these risk factors that is the most powerful indicator of later developmental problems.

Recently, researchers have begun to shift the focus from risk to resilience. They ask: What traits do children who have positive outcomes, despite their exposure to multiple risks, have in common? What does research tell us about teachers who successfully promote such traits?

Longitudinal research has identified a constellation of protective factors in the individual child, in the family, and in the community that promote resilience in at-risk children. What can schools and communities do to promote such protective factors? While researchers offer a number of

suggestions, many researchers agree that most crucial to children's success is the establishment of a close bond with an adult. For most children this will be a parent or close family member. Research indicates that for many children, however, it is often a teacher, neighbor, or another special adult who, perhaps unknowingly, provides a lifeline for children who later overcome adversity; it is these adults who become a child's lasting protective shield, even when they are only in the child's life for a short period of time.

For most Head Start staff, building positive relationships with children comes naturally. But when a child has difficulty relating to peers and adults, establishing relationships can be a challenge, especially when many children with problem behaviors seem to push others away. Head Start staff then need to take extra steps to identify a staff person to whom the child relates well. Moreover, these relationships must be acknowledged, nurtured, and protected over time. It is these relationships that provide the framework for every other intervention, the backdrop for every strategy.

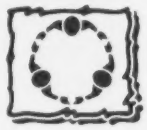
For more information on resilience and protective factors, see the Health guide in this series, *Promoting Mental Health.* For more information about specific techniques and approaches for working with children with problem behaviors, see the Resources section.

For an overview of the activities in this module, see At A Glance on pp. 5–7.

Trainer and Coach Preparation Notes:

Before leading the activities in this module, review the Questions and Answers about Children with Challenging Behaviors section that appears on pp. 8–10 in the Introduction.

Activity 1-1: Why Does He Act This Way?



Purpose: In this workshop activity, participants will focus on one Head Start child, examining "why he acts this way." This activity will help participants reflect on their own assumptions about children with challenging behaviors, and how these assumptions affect their interactions with, and expectations of, children and their families.

Preparation

Arrange for: Easel, chart paper, markers, and tape

Duplicate:
- Handout 1–Phil's Story (p. 29): one for each participant
- Handout 2–Assumptions (pp. 30-31): make 10 copies for 30 participants); cut each Assumption along the lines
- Handout 3–Discussion Questions (p. 32): one for each participant
- Handout 4–Scotty Must Have Done It! (p. 33): one for each participant

Make: Two sheets of chart paper; draw a rectangular frame around the edge of each one.

Leading the Activity

1. Introduce the activity and review the agenda with participants. Explain that the focus of this guide is on helping Head Start staff understand their own behavior, their assumptions, and their relationships with children with challenging behaviors and with each other. Such an understanding provides the foundation necessary for developing strategies that help children manage their own behaviors.

2. Hang up the two sheets of chart paper prepared in advance. Ask participants what words come to mind when they think about children with significant problem behaviors. Record the positive comments/ images inside one frame; the negative comments in the other. **Do not explain your rationale for listing participants' responses in the different frames.***

> **Tip for the Trainer:**
>
> Make sure that at least one or two images are included in the "positive" frame. If participants don't suggest any images, offer some prompts. For example, you might ask, "What have you learned from a child with challenging behaviors?"

* This icebreaker was adapted from the Health guide in this series, *Promoting Mental Health*, 1996.

3. After five minutes have passed, tell participants to imagine that each frame is a mirror, and that they are children with challenging behaviors. Explain that the words or images in the mirror reflect how other people see them. Prompt a discussion by asking participants which mirror they would rather look in.

4. Tell participants that they will now analyze the effect of adult images and assumptions on Phil, a Head Start child. Distribute Handout 1–Phil's Story, and ask participants to read it. (You may choose to read Handout 1–Phil's Story aloud as participants read along.)

5. Divide participants into small groups. Assign two Assumptions from Handout 2–Assumptions to each small group. Give all the participants in each small group copies of the same two Assumptions.

> **Tip for the Trainer:**
>
> Make sure that you have the opportunity to discuss *all* the Assumptions in your large-group discussion at the end of the session. If your workshop is a small one, consider having participants work in pairs to analyze their Assumptions. If necessary, pairs can analyze more than two Assumptions.

6. Ask for one volunteer from each group to lead the small-group discussions. Ask for another volunteer to record the major ideas.

7. Give each participant a copy of Handout 3–Discussion Questions. Review the discussion questions with participants, then establish the ground rules. Explain that the goal of the discussion is not to "fix" Phil's problem behaviors, or each coworker's Assumption. Rather, the group's task is to consider how each Assumption might influence the expectations of the coworker who holds it, as well as his or her interactions with Phil.

8. Give small groups 20 minutes to discuss their Assumptions. Be available to answer any questions, but do not participate in any one group.

9. Reconvene the large group. Ask leaders to read their Assumptions aloud to the whole group, then share one or two key ideas from their small group discussion. Record their ideas on chart paper. Use the Discussion Guide below to raise key issues for each Assumption.

Tip for the Trainer:

Have the group that discussed Assumption 5 and Assumption 6 present last. These Assumptions, which are the most empowering, illustrate the positive impact our own assumptions can have on our expectations, our decisions, and our interactions.

10. Lead a large-group discussion, using the following questions as a guide:

    - How do the Assumptions influence one's expectations, interactions, and behavior?
    - How can our own assumptions affect our abilities to help a child change and grow?

Discussion Guide

Use the following points to guide the large-group discussion.

- When discussing Assumption 1, point out that if we feel that the situation is already hopeless, we will expect little from the child and from ourselves. Emphasize that children who have been prenatally exposed to drugs bring with them a wide range of behaviors, dispositions, and learning styles; they have no "typical" profile. The fact that children have been prenatally exposed to drugs says very little about their capacity and ability to learn, and labeling the children "drug exposed" does nothing to help improve their educational prospects.

- When discussing Assumption 2, remind participants that when we feel that someone is "out to get us," our response is usually an angry one. We bristle in reaction to the aggressor's "malicious" intent in an effort to protect ourselves. Emphasize that while their behavior may sometimes "push our buttons," children do not usually act in certain ways to "get back at" adults. Moreover, adults may erroneously believe that because children are able to control their behavior at some times, they can control themselves all the time, but just choose not to do so. As a result, adults can become angry, frustrated, and punitive when the child's difficult behaviors resurface. Point out that many children with problem behaviors want to act in ways that make them more likable, and that *don't* get them in trouble, but sometimes they just don't know how, or just can't seem to manage their behavior at that moment.

Tip for the Trainer:

Point out that some of Phil's behaviors, while challenging, may not be out of the norm. However, Phil's urinating during circle time is a red flag that consultation with the mental health professional is needed.

- When discussing Assumption 3, emphasize that Ritalin (as well as some other stimulants) is a medication often used for children with Attention Deficit/Hyperactivity Disorder (ADHD). While medication may alleviate symptoms related to ADHD, children on Ritalin will continue to need individualized attention or assistance in developing more adaptive social skills. Monitoring the effects of medication is *critical.* Teachers' feedback about individual children's responses to medication can help parents and physicians make important medical decisions about whether or not to continue the medication, whether the dosage is appropriate, etc. While some children can benefit from medication, it is *never* a substitute for individualized support and attention.

Tip for the Trainer:

During the discussion, point out that the challenging behaviors of children may be related to environmental, neurological, genetic, or biological factors. Therefore, some children may need to be evaluated for this possibility, with parents' permission.

- When discussing Assumption 4, point out that self-reflection is valuable in identifying how we can improve our practice. Simply blaming ourselves, however, is not useful, either to ourselves or to the children and families we serve. Point out that we all naturally form connections with some people but not others. Sometimes it is better for a staff member to acknowledge that she can't relate to a particular child; this same staff member may be a terrific "match" for another child. When a child does connect with a particular adult in the program, it is important to respect and nourish that connection, whether it is with a specialist, teacher, cook, or family service worker. These connections should also be considered when making staffing decisions.

- When discussing Assumption 5, explain that it is important to consider the child's behavior in the context in which it occurs. For teachers, this means taking a close look at the classroom. Specifically, teachers need to ask, "Is my classroom developmentally appropriate?"

"Does it meet the individual needs and developmental levels of children?" "Are children given choices about the activities they wish to pursue?" "Are alternatives provided when a child does not feel ready to join, or stay, with the group on a particular day?" "What can I change, in terms of the curriculum or the classroom setup, to meet each child's needs and help him succeed?" As participants may point out, children are more likely to experience difficulties with distractions, daily transitions, and routines when classrooms are not developmentally appropriate. Explain that while a developmentally appropriate classroom should be the baseline, it is not always enough. Some children with challenging behaviors have complex needs; their full inclusion often requires additional services and supports for the child, for classmates, for the family, and for staff.

Tip for the Trainer:

Other guides in this series, including *Nurturing Children* and *Promoting Mental Health*, will assist staff in creating a developmentally appropriate classroom. In such a classroom environment, most children will be able to manage their behavior.

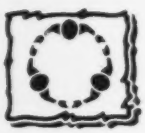
- When discussing Assumption 6, help participants consider the importance of seeing a child in terms of his strengths, and viewing his behavior as a legitimate way to communicate his feelings and needs.

Summing Up

Summarize the key ideas generated during the discussion. Ask participants which assumptions are the most useful to have. Stress that our assumptions, or the mirrors we create, affect our interactions with children. For example, if we assume a child is "bad," we will expect little; our negative feelings will also color our interactions. Conversely, believing that the child is capable helps us to see possibilities and opportunities for that child, and when we see possibilities in children, they begin to see possibilities in themselves.

Distribute and read aloud Handout 4–Scotty Must Have Done It! Point out that our assumptions about why children have challenging behaviors affect the educational decisions we make as well as our interactions with these children. Stress that self-reflection is an important first step in understanding our interactions with children and their families. Emphasize that at every moment, we have the ability to shift our assumptions away from defeating ones to empowering ones, helping us see new possibilities for the child, and freeing us to work in more positive ways.

Activity 1-2: The Power of Assumptions



Purpose: In this role-playing activity, participants observe and experience how our assumptions affect our interactions with children. The critical importance of self-observation and self-reflection is also highlighted.

Preparation

Arrange for: Easel, chart paper, markers, and tape

Duplicate:
- Handout 5–Role Play (p. 34): one for each small group of 3 participants; cut this handout along the dotted lines
- Handout 6–Observer Worksheet (p. 35): one for each observer
- Handout 7–The Power of Assumptions (p. 36): one for each participant

Leading the Activity

1. Introduce the activity and review the agenda with participants. Tell participants that during this activity they will have the opportunity to experience the effect their assumptions can have, both on themselves and on those around them.

2. Tell participants that you are going to lead them through a brief visualization exercise. Ask participants to close their eyes and think of someone who made a difference in their life, someone who believed in them, supported them in moving ahead, encouraged them to take a risk, or reminded them to be good to themselves. Ask participants to think briefly about two or three specific feelings they had when they were with this person. Tell participants to open their eyes and jot these feelings down. Then ask for volunteers to share some of the feelings their special person elicited. Write several of the words on chart paper, pointing out similarities. You will revisit this chart paper at the end of the session.

3. Tell the group they will now participate in a role play* that illustrates how we can make a difference in children's lives.

4. Divide participants into groups of 3. Explain that each group will role-play two different scenarios. Roles include a teacher, a child, and an observer. Ask each group to decide the role each member will play.

*Adapted with permission from H. Leet-Pellegrini, A. Hagenstein, and M. Enright. 1997. *Building on Family Strengths: A Possibility Model.* Newton, MA: Education Development Center, Inc., Center for Children & Families.

Tip for the Trainer:

If the overall number of participants does not divide evenly into groups of 3, assign extra observers to small groups.

5. Give a copy of Handout 6–Observer Worksheet to each observer.

6. Give the "teachers" and "children" the section of Handout 5–Role Play that matches their role for the *first* role play. **Stress that participants should not read or discuss each other's roles.** Give participants several minutes to read and think about their role. Explain that during the role play, they will adopt the view that the role-playing card suggests, and make up the dialogue.

7. Tell participants they have one minute to play their roles. Remind observers to record all their observations on the worksheet; they should not share their observations aloud. Before participants begin, answer any questions they may have.

8. At the end of one minute, interrupt the exercise. Caution all participants not to chat with each other. Give the "teachers" the section of Handout 5–Role Play that matches their role for the *second* role play. **Again, stress that participants should not read or discuss each other's roles.** Tell the "children" they will have the same role. After the "teachers" have read their new card, give participants one minute to begin the new role play.

Tip for the Trainer:

The two role plays for the "teacher" are very similar. If the "teachers" feel they were given the same role play twice, assure them that there are differences; encourage them to re-read the role-play scenarios to find what makes them different.

9. Reconvene the larger group. Ask participants not to discuss their roles until they are asked to.

   - Ask the observers how the interactions in the first role play were different from the interactions in the second role play. How was the behavior different? Tone of voice? Body language?

(Remember, at this point only the "teachers" know the difference between the two role plays.)

- Ask the "children" if they felt a change in themselves or in the "teacher" between Role 1 and Role 2. How did their experience change? Their feelings toward the other person? Their behavior? Did their partner react differently? How so? Then ask the "teachers" the same questions.

- Finally, ask a "teacher" to read the two role plays. Stress to all participants that all of the changes observed and experienced by observer, child, and teacher were the result of one thought of one person. Point out that in the second role play, the teacher shifted to a more empowering set of assumptions about the child: that the child was capable.

Tip for the Trainer:

Participants may ask, "What if I *really* know a child isn't capable?" "What if I can't see any possibilities in a child? What then?" Suggest to participants that even if they do *feel* that way, they can "try on" a different assumption and see what happens. Perhaps they will be surprised by what they find out.

10. Return to the chart paper written up in the beginning of the activity. Ask participants to think again about that empowering person in their lives and the feelings this person generated in them. Ask for volunteers to share possible assumptions this special person may have had about them. Write these on chart paper as well. With participants, discuss which assumptions are most powerful for children.

Summing Up

Distribute Handout 7–The Power of Assumptions and review it with participants. Use this handout to summarize the key ideas generated during the activity. Acknowledge that it is easier to believe in children, and to see their potential, when things are going smoothly. It can be quite a challenge, on the other hand, to see possibilities when we ourselves are "at the end of our rope." Yet it is precisely when we feel most negative that believing in possibilities and assuming capability can be most empowering for ourselves and for children.

Encourage participants to try this strategy when they have a difficult moment with a child, a coworker, family member, or oneself. Suggest that they just take a deep breath, assume capability, and then note the results.

Activity 1-3: Seeing Possibilities

Purpose: In this coaching activity, participants experience and observe how their assumptions can affect their interactions with children with challenging behaviors. The activity highlights the critical importance of self-observation and self-reflection.

Preparation

This session has two parts: 1) an icebreaker that helps participants reflect on their assumptions about children with challenging behaviors; and 2) a role play which helps them experience how assumptions affect interactions and behaviors. At the end of the session, participants will receive an assignment. The assignment involves practicing what they learned during the session back in their own classroom, with a child whose behavior challenges them. To prepare for this session:

- Review all the directions and handouts for this session.
- Arrange for an easel, chart paper, markers, and tape.
- Duplicate one copy of Handout 5–Role Play (p. 34); cut this handout along the lines. Also duplicate Handout 6–Observer Worksheet (p. 35): one for each observer; and Handout 7–The Power of Assumptions (p. 36): one for each participant.
- Prepare two sheets of chart paper, each with a rectangular frame drawn around its edge.
- **Make sure that there are at least 3 participants attending this session; with fewer people, you will not be able to conduct the role play, which is the centerpiece of this activity.**

Conducting the Session

1. Introduce the session and review the agenda with participants. Explain that the focus of this guide is on helping Head Start staff understand their own behavior, their assumptions, and their relationships with children with challenging behaviors and with each other. Such an understanding provides the foundation necessary for developing strategies that help children manage their own behaviors.

2. Hang the two sheets of chart paper prepared in advance. Ask participants what words come to mind when they think about children with challenging behaviors. Record the positive comments/images inside one frame, and the negative comments in the other. **Do not explain your rationale for listing participants' responses in the different frames.***

* This icebreaker was adapted with permission from the Health guide in this series, *Promoting Mental Health*, 1996.

Tip for the Coach:

Be sure that at least one or two images are included in the "positive" frame. If participants don't suggest any images, offer some prompts. For example, you might ask, "What have you learned from a child with challenging behaviors?"

3. After five minutes have passed, tell participants to imagine that each frame is a mirror, and that they are children with challenging behaviors. Explain that the words or images in the mirror reflect how other people see them. Prompt a discussion by asking participants which mirror they would rather look in.

4. Tell the group they will now role-play* two different scenarios that illustrate how adult images and assumptions can affect children's behavior. Roles include a teacher, a child, and an observer. Ask participants to decide the role each member will play.

Tip for the Coach:

If you have more than three participants, assign extra observers to small groups.

5. Give a copy of Handout 6–Observer Worksheet to each observer.

6. Give the "teacher" and "child" the section of Handout 5–Role Play that matches their role for the *first* role play. **Be sure that participants do not read or discuss each other's roles.** Give participants several minutes to read and think about their role. Explain that during their role play, they will take on the view that the role-playing card suggests, and then create a dialogue.

7. Tell participants that they have one minute to play their roles. Remind observers to record all their observations on their worksheet; they should not share their observations aloud. Before participants begin, answer any questions they may have.

*This role play activity was adapted with permission from H. Leet-Pellegrini, A. Hagenstein, and M. Enright. 1997. *Building on Family Strengths: A Possibility Model.* Newton, MA: Education Development Center, Inc., Center for Children & Families.

8. At the end of one minute, interrupt the exercise. Caution all participants not to chat with each other. Give the "teacher" the section of Handout 5–Role Play that matches her role for the *second* role play. **Again, stress that participants should not read or discuss each other's roles.** Tell the "child" she will have the same role. After the "teacher" has read her new card, give participants one minute to begin the new role play.

> **Tip for the Coach:**
>
> The two role plays for the "teacher" are very similar. If the "teachers" feel they were given the same role play twice, assure them that there are differences. Encourage them to re-read the role-play scenarios to find what makes them different.

9. Debrief the role-play experience with participants. Ask participants not to discuss their roles until they are asked.

   - Ask the observers how the interactions in the first role play were different from the interactions in the second role play. How was the behavior different? Tone of voice? Body language? (Remember, at this point only the "teachers" know the difference between the two role plays.)

   - Ask the "child" if she felt a change in herself or in the "teacher" between Role 1 and Role 2. How did her experience change? Her feelings toward the other person? Her behavior? Did her partner react differently? How so? Then ask the "teacher" the same questions.

   - Finally, ask a "teacher" to read the two role plays. Stress to all participants that all of the changes observed and experienced by observer, "child," and "teacher" were the result of *one* thought of *one* person. Point out that in the second role play, the teacher shifted to more empowering assumptions about the child, the assumption that the child is capable.

Tip for the Coach:

Participants may ask, "What if I *really* know a child isn't capable?" "What if I can't see any possibilities in a child? What then?" Suggest to participants that even if they do feel that way, they can "try on" a different assumption and see what happens. Perhaps they will be surprised by what they find out.

Wrap-Up and Assignment

Distribute Handout 7–The Power of Assumptions and review it with participants. Use this handout to summarize the key ideas generated during the activity. Acknowledge that it is easier to believe in children, and to see their potential, when things are going smoothly. It can be quite a challenge, on the other hand, to see possibilities when we ourselves are "at the end of our rope." Yet it is precisely when we feel most negative that believing in possibilities and assuming capability can be most empowering for ourselves and for children.

Give participants an assignment. Ask them to try this strategy at least twice during the course of the next several weeks when they have a difficult moment with a child. They should take a deep breath, assume capability in themselves and in the child, then note the results. How does assuming capability affect their behavior? The child's behavior? Their relationship with the child? Encourage participants to record the changes they experience in themselves and in the child, then later share their observations with a colleague or supervisor.

Close by stressing the importance of seeing possibilities and assuming capability in all children and families. After all, the assumptions we make about people become the mirror we hold, the mirror in which others see themselves.

Next Steps: Ideas to Extend Practice

As a supervisor, you can encourage and support staff members to practice what they have learned in this module. Some suggestions:

1. Draw a border on a piece of 8 1/2 x 11" paper so that it looks like a picture frame. Photocopy the page and give five copies of it to each participant. Explain that just as participants created positive portraits of children with challenging behaviors in Activity 1-1: Why Does He Act This Way? and in Activity 1-3: Seeing Possibilities, Head Start staff also need to develop positive portraits of themselves as professionals. Ask staff to use words and/or pictures to record their successes in working with children with problem behaviors, no matter how small. Encourage participants to add to their portraits on a daily or weekly basis, then share their portraits with a coworker or supervisor.

2. Help participants develop and work on a "Back Home Plan."* Each plan should include a specific goal or goals, strategies to reach the goals, and a target date for completion. Have staff share their plans with at least one other person on a regular basis.

3. Ask a team (teacher, teaching assistant, volunteer, parent) that has successfully included a child with challenging behaviors to make a presentation to other staff, parents, and consultants. Presenters may wish to speak about their initial fears, challenges they faced, obstacles they have overcome, and the benefits of including children with problem behaviors.

4. Invite participants to form support teams. Regular meetings can help staff assess difficult situations and design interventions through joint problem solving. You may serve as a member of the group or as a facilitator; the program's mental health professional may serve as a valuable resource as well.

5. Videotape a teacher who is working with a child with significant problem behaviors. Give the tape to the teacher for her viewing only. Ask the teacher to view the tape, and to reflect on all of the ways she is meeting the child's needs. Ask her to think about her assumptions about the child during both challenging and smooth periods.

6. Observe a teacher who is working with a child with problem behaviors for 30 minutes. Afterward, write a personal letter acknowledging the teacher's strengths, and pointing out her skills and competencies in working with this child.

*Adapted with permission from B. Wolfe. Spring/Summer 1994. Spotlight on Training Strategies: Follow-Up: A Key Component of Successful Training. *Inclusion Forum.* 2(1):1.

7. Arrange for participants to see the Academy Award-winning video *Educating Peter* (see the Resources section). While this documentary of Peter, a third-grade child with Down syndrome, was filmed in a white, suburban classroom, it vividly captures the challenges of working with children with problem behaviors. The video also illustrates the remarkable advances made not only by Peter, but by his classmates as well. Use the video as a springboard for discussing the challenges Head Start staff face in working with children with problem behaviors, as well as the benefits. Your regional Training/Technical Assistance (T/TA) provider may have a copy of the video. Also check with your local video store.

8. There are a variety of helpful approaches and techniques for working with children with significant challenging behaviors once the foundation of a developmentally appropriate classroom and a nurturing relationship has been laid. Approaches that use behavior modification techniques, cognitive interventions, social skill-building methods, conflict resolution strategies, and others have helped teachers develop a range of useful interventions. Such a range enables teachers to individualize, to match the particular child and situation with the intervention the teacher thinks will be most effective. The Resources section of this guide lists several materials that deal with a variety of such approaches.

9. Often, parents of children with challenging behaviors are unfairly blamed and stigmatized. Ask participants to try the strategy of "assuming capability" (see Activity 1–2 and Activity 1–3) when interacting with parents. Encourage participants to record the changes they experience in themselves and in parents, and then later share their observations with a colleague or supervisor.

Handout 1: Phil's Story

Phil is a four-year-old Head Start child. He lives with his grandmother, Mrs. Anderson, while his mother attends a residential drug treatment program. Phil is very active. He likes to ride his tricycle, and he loves superheroes, especially Batman. Sometimes he wears his grandmother's black slip to school, which he calls his "Batman cape." Then he "flies" around the classroom, knocking down everything in his path. Once he knocked down a girl with such force she had to get five stitches over her eye. It is not easy to predict Phil's behavior. He has scratched and bitten other children a number of times. And just last week, in the middle of circle time, he pulled down his pants and urinated on his carpet square. When asked why he did it, Phil said, "Batman told me to."

Handout 2: Assumptions

Assumption 1

Phil can be really wild and unpredictable. He has a hard time following directions, and transitions are hard for him. Once we went on a field trip to the zoo and all he could do was cry and cry. I tried to comfort him, but forget about touching him. Once I tried to hug him and he hit me. It's pretty obvious that Phil is a crack baby. There's nothing Head Start can do for him; the damage has already been done.

Assumption 2

I really try to be understanding, but Phil just tests my patience every step of the way. It's almost like he wakes up in the morning and figures out the best way to get to me. Last week was the worst! My supervisor came to observe me. I was just praying Phil would be on his best behavior. I even took away his "cape" that morning so he wouldn't pull one of his Batman tricks. He didn't. Instead, he pulled down his pants and went to the bathroom right in the middle of circle time! I was so embarrassed. What will he do to me next?

Assumption 3

That boy needs something to calm him down. I heard that Ritalin can work wonders. Maybe if he took that, he wouldn't be such a wild man.

Handout 2: Assumptions (page 2)

Assumption 4

I'm starting to think Phil's behavior has something to do with *me*. I've watched him with one of the specialists, and he's a different kid with her. When he's with her, he's calm; he listens; he laughs. He never hits other kids when she's around! For some reason, *I* just can't seem to give him what he needs.

Assumption 5

The teacher asked me to watch Phil, especially during circle time. He does okay at the beginning. But after 20 minutes or so he starts getting really "antsy." He squirms. Yesterday during circle time, he pulled someone's hair. Then he started "flying" around the room! I realize that Phil does have some trouble managing his behavior. But why should any kid be asked to sit for that long? How many four-year-olds wouldn't start acting out of control after 20 minutes? It's the classroom that has to change!

Assumption 6

Phil has a great imagination. Sometimes we play with the "guys," these action figures he always carries around in the pocket of his backpack. He always makes up these wild scenes where the bad guy devises these elaborate, wicked plans. Sometimes, in his play, he talks about being lost. More and more I see him as a really scared little boy. I don't think he feels truly safe anywhere: at school, at home, or even inside his own head.

Handout 3: Discussion Questions

Imagine that each Assumption reflects a coworker's assumptions about Phil. For each Assumption discuss the following questions:

- How will this Assumption affect the coworker's interactions with Phil? For example, what might she say, do, or think when Phil hits another child? What might she say or think when Phil tries to comfort a sad classmate?

- How will this Assumption affect your coworker's interactions with Phil's mother? His grandmother? For example, how might the coworker describe Phil's behavior to them? What interventions might he or she suggest?

- What expectations might this coworker have for Phil's ability to change and grow?

- What expectations might the coworker have for her own ability to help Phil change and grow? Why?

- Will this Assumption help this coworker have hope and see possibilities? If so, how?

Handout 4: Scotty Must Have Done It!*

The following is an excerpt from an interview with Dr. Sue Bredekamp, director of Professional Development for the National Association for the Education of Young Children (NAEYC), and editor of *Developmentally Appropriate Practice in Early Childhood Programs.*

Whenever I think of guidance of socio-emotional development, I think of my own personal experience teaching. I had a child in my class [for] two years in a row who was quite a challenge. His name was Scott. I remember everything about him very vividly. (I am sure some of you have children like this in your classroom!)

One day, something negative happened in the classroom, and a chorus of children said, "Scotty did it!"

I realized that Scotty wasn't there that day. At that point, I knew that I had a problem. I had done something that communicated, not just to all the children in the classroom, but certainly to Scotty, that he was a bad boy. Somehow, I had to change my behavior. I was not helping him to develop positive social strategies.

What I started to do was to observe Scotty very carefully, and what I found was that some of the things he did that got him in trouble were really strengths. He had incredibly good fine motor coordination, which meant that he could get into all kinds of difficulties in the classroom. So what I decided to do was to build on this strength and give him activities to do and ways in which he could help me as the teacher.

Not overnight, but in a couple of months, I could see a total change, not only in the way he related to me, but to the rest of the children in the classroom.

*Reprinted with permission from S. Bredekamp. 1992. Excerpt from videotape of the Early Childhood Professional Development Network, Seminar 12, Phase I.

Handout 5: Role Play

Teacher (Role Play 1)

It's cleanup time. All the children quietly put away their toys, except for one. She sits in the block area, pulling blocks off the shelves so they land in a big heap in the middle of the floor. Then, she picks up the biggest block and hurls it across the room. You think, "She can't clean up. She can't cooperate. She can't control herself. Sometimes I think she doesn't belong in my classroom! **She's NOT capable of changing!**" You run over to her and say. . .

Child (Role Play 1 and 2)

You are a four-year-old child enrolled in a Head Start program. Sometimes you like "school," but sometimes it's hard. Today, nothing has gone right. Your brother hit you. On the bus, somebody called you a "stupidhead." And then, during cleanup time, you couldn't remember where all the blocks should go. You thought that if maybe you took all of them off the shelf, it would be easier to see where they go. But that just made it worse. You're mad at the blocks and mad at yourself. You quickly pick up the biggest block and throw it across the room. Your teacher runs over to you. . .

Teacher (Role Play 2)

It's cleanup time. All the children quietly put away their toys, except for one. She sits in the block area, pulling blocks off the shelves so they land in a big heap in the middle of the floor. Then, she picks up the biggest block and hurls it across the room. You think, "She can't clean up. She can't cooperate. She can't control herself. Sometimes I think she doesn't belong in my classroom. But regardless of what's going on now, I know that **she's capable of changing.**" You run over to her and say. . .

Handout 6: Observer Worksheet

Use this worksheet to record your observations of each role play.

1. How would you describe the child-teacher interaction in the *first* role play? Make note of the child's and teacher's tone of voice and body language.

2. How would you describe the child-teacher interaction in the *second* role play? Make note of the child's and teacher's tone of voice and body language.

3. Was the interaction in the first role play different from the interaction in the second role play? How?

4. What else did you notice?

Handout 7: The Power of Assumptions*

Here are some things to think about after the training.

- Assumptions are necessary for everyday life. We assume the sun will rise tomorrow morning. It is natural to make assumptions.

- Assumptions we make about other people become the mirror we hold, the mirror for others to see themselves in. Over time, the same reflection in the mirror becomes a person's self-portrait.

- "The mirror" is made of our voice and actions: how we talk, interact, and move our bodies.

- When you find yourself in a difficult moment with a child, a coworker, a family member, or yourself:

  - take a breath
  - assume that you are a capable person
  - assume the other person is capable
  - assume the problem can change

*Adapted with permission from R. Burns-Hoffman. 1996. Immokalee, FL: Redlands Christian Migrant Association.

Practically Speaking

Outcomes

After completing this module, participants will be able to:

- Recognize some basic principles and practices necessary for meaningfully including children with challenging behaviors.
- Identify how staff can adapt their practices and develop strategies to support the participation of children with challenging behaviors in their Head Start programs.
- Develop a system for gathering information from a variety of sources to determine whether a problem exists; strategize plans for addressing problem behaviors; and monitor the effectiveness of strategies.

Key Concepts

- Too often, adults working with children with challenging behaviors have a major goal: to "fix these children." Rather than "fixing" children, staff need to learn how to understand what children need, capitalize on their strengths, and identify how they, as adults, can adapt their practices and develop strategies to meet those needs.
- Behavior is a means of communication. Practitioners and parents must try to understand what children are communicating through their behavior in order to effectively respond to their needs.
- Observation, data collection, and effective communication with parents, other Head Start staff, and outside service providers are essential for identifying children's needs and strengths, and developing strategies to address them.

Background Information

We may call children's behaviors "troubled" because they challenge us in a certain way. As professionals, it is important that we distinguish between "troubling" and "troubled" behaviors. That is, we must reflect on the child's behavior and decide whether it is truly abnormal and in need of intervention (troubled); or whether the behavior simply bothers us, but would not necessarily bother another adult (troubling). Distinguishing between these two possibilities is the first step in designing an appropriate intervention that will work for everyone.

Module 2

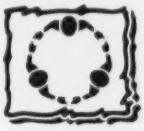
An important first step in assessing behavior is collecting data: on children's strengths, interests, and needs in different areas; on interactions between the child and others; and on the antecedents and consequences of challenging behaviors. In addition to assessing children's behavior, Head Start staff must also assess the classroom environment, as well as the program's ability to promote protective factors. Head Start staff must then look beyond the classroom, and work closely with parents, specialists, and outside service providers to gain a more holistic view of children.

For an overview of the activities in this module, see At A Glance on pp. 5–7.

Trainer and Coach Preparation Notes:

Before leading the activities in this module, review the Questions and Answers about Children with Challenging Behaviors section that appears on pp. 8–10 in the Introduction.

Activity 2-1: Take a Look



Purpose: This workshop activity will help participants practice their observation skills as they create a running record of a role-play scenario. The importance of focusing on strengths and solutions, as well as identifying needs, will be highlighted throughout the activity.

Preparation

Arrange for: Easel, chart paper, markers, and tape
Props for skit: toy trucks, blocks, picture book, carpet square

Duplicate: Handout 8–Running Record Form (p. 56): one for each participant
Handout 9–Roles (p. 57-59): one for each of 6 role-play participants

Make: Name tags or necklaces indicating the different roles in the fishbowl activity.

Leading the Activity

1. Introduce the activity and review the agenda with participants. Explain that in this fishbowl activity, participants will create running records to document information that would be helpful in planning an intervention for a child with problem behaviors.

2. Ask for 6 volunteers to role-play the fishbowl scenario. Give each volunteer a copy of Handout 9–Roles, and name tags to wear so that observers can easily identify the different roles played. Also give the actors props to use during the role play. Tell actors they will have 10 minutes to read all the different roles on Handout 9–Roles, choose their roles, and make up a 5-minute skit.

3. While role-play volunteers are rehearsing out of view of other participants, provide the others with an overview of running records. Emphasize that running records* are not interpretations of events; rather, they are objective descriptions of a sequence of events. They should capture what the observer sees and hears, and reflect the order in which events occur. They should not reflect the observer's thoughts and feelings about the events.

*Material about running records was adapted from the Education guide in this series, *Observation and Recording: Tools for Decision Making*, 1996.

Tip for the Trainer:

For more information and in-depth discussion about running records and other types of observation tools, see the Education guide in this series, *Observation and Recording: Tools for Decision Making.*

4. Distribute Handout 8–Running Record Form. Review the handout with participants, answering any questions they may have. Emphasize again that running record forms are used to record facts, not interpretations. Provide examples to highlight the difference between facts and interpretations. For example, "She kicked him in the knee when he looked at her" is a fact, while "She lashes out when she feels threatened" is an interpretation. Tell participants that during the fishbowl activity, they will complete a running record for Eddie, a child with challenging behaviors.

5. Ask fishbowl volunteers to join the group again and perform their role play for the group. Make sure the actors are wearing their name cards or necklaces, to aid observers in their recordings.

6. After the role play, thank the actors and give each of them a copy of Handout 8–Running Record Form. Then ask the observers to *briefly* summarize the key points from the handout so the actors can follow the discussion.

7. Hang up two pieces of chart paper in the front of the room. Ask the observers to look over their running records and share what they observed about Eddie's behavior. Record the observations that focus on Eddie's strengths and his behavior when it is not challenging on one piece of chart paper. Then record those observations that capture Eddie's problem behaviors on the other. **Do not explain your rationale for listing participants' responses on different pieces of chart paper.**

Tips for the Trainer:

Be sure to record only the *facts* on the chart paper, not *interpretations*. For example, if a participant suggests that "Eddie can't control himself when Diane touches his toys," work with the participant to get just the facts. In such cases, you might ask, "What exactly did Eddie do to Diane? At what point did he behave that way?"

Also, be sure that positive behaviors and interactions are recorded. For this, you may have to offer some prompts. For example, you might ask, "Who does Eddie relate well to?" "At what times does he seem particularly focused?" "What facts support your statements?" (See the description of Eddie's role on Handout 9–Roles, which notes situations in which Eddie does well during the skit.)

8. After compiling the feedback, ask participants to review the different pieces of chart paper. Invite them to identify what the answers on each piece of chart paper have in common.

9. Ask the role-play volunteers to take a few moments to describe their roles to participants. They may either read their role cards aloud, or use their own words. Allow the actors a chance to share their feelings or impressions about the experience of the role play.

10. Point out that even when we objectively record the facts, we may see things selectively. That is, we may focus on what is "wrong" or what we find troubling, and fail to recognize strengths, or what is happening when things are going well. For example, did participants capture many of the details when Eddie hit Diane, but not much detail when Eddie played quietly with his cars?

11. With participants, discuss the importance of collecting data that captures not only the child's needs, but also the child's strengths and interests, positive interactions, and patterns in learning styles over time. Ask participants how knowing about Eddie's strengths will

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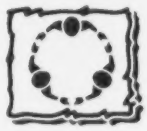
help his teachers in their planning for the classroom. During the discussion, emphasize that regardless of the tool we use, whether it is a checklist that the program uses regularly, or a running record we create, we must actively look for a child's strengths in different areas and across different settings. In such a "solution-focused" approach, analyzing the situation when things are going well will help observers see what they can do to encourage more moments when behavior is not problematic.

Summing Up

Point out that when we look at a child with problem behaviors, we often focus on those behaviors that "push our buttons" rather than areas where the child shines. Remind participants that when collecting data, it is important that the child be observed in different settings, and by different people, including parents and specialists who work with the child. In all observations, it is important that observers note what is happening when the child is doing well in addition to what is happening when the child is exhibiting problem behaviors. When we pool data and observations from all team members, we can begin to distinguish between a child's "troubled" versus "troubling" behavior. We can also better assess the child's strengths and needs across different situations, identify which adults the child connects with most consistently, begin to understand what the child is trying to communicate through his behavior, and pinpoint aspects of environments or situations that affect the child, both positively and negatively. Armed with this data, we can modify our own behavior, and construct interventions to help the child succeed.

*Activity 2-2: Promoting Protective Factors**



***Purpose*:** Before planning specific interventions for a child, Head Start staff must have a sense of the child's strengths, interests, and needs in different areas and across different settings. Staff, as a team, must also jointly assess the program's ability to promote protective factors for children. This workshop activity will provide an overview of resilience research; it will also help teams assess how they are promoting protective factors for children and develop steps to enhance these efforts. We recommend that teaching teams and their supervisors, as well as parents, participate in this activity.

Preparation

Arrange for: Easel, chart paper, markers, and tape

Duplicate: Handout 10–Making a Difference (p. 60): one for each participant
Handout 11–Strategies to Support Resilience (p. 61): one for each participant
Handout 12–Where Are We? (p. 62-63): one for each participant

Extra copies of Handout 11–Strategies to Support Resilience and Handout 12–Where Are We? for participants to share with their teams when they return to their programs

Trainer Preparation Notes:

For a more in-depth discussion about resilience and promoting protective factors for children, see the Health training guide in this series, *Promoting Mental Health*.

Leading the Activity

1. Welcome participants and briefly discuss the purpose of the activity. Point out that before planning interventions for children with challenging behaviors, Head Start staff should work together as a team to understand the concept of resilience and the ways that they can and already do provide protection for children against the problems they

* Many ideas for this activity were adapted from the Health guide in this series, *Promoting Mental Health*, 1996.

face in life. Staff can assess their own and the program's strengths in promoting protective factors, and then design strategies to enhance their efforts.

2. Distribute Handout 10–Making a Difference to participants. Use this handout to present an overview of the protective factors that promote resilience. Ask participants to share examples from their own lives or the lives of children in their program that illustrate these points.

3. Tell the group that in the next part of the session, participants will focus on what they can do to promote protective factors for children. Distribute Handout 11–Strategies to Support Resilience to participants. Then split the participants into small groups. (While it is preferable that members of each small group currently work together as a team in their Head Start program, it is not necessary.) Ask groups to spend the next 20 minutes identifying concrete, realistic Head Start actions in the classroom as well as in other parts of the program (lunch, bus, etc.) that could support each protective factor. Have each small group designate a recorder to keep track of the main ideas.

4. While the small groups are working, hang up 4 pieces of chart paper around the room. On each sheet, write one of the protective factors.

5. As groups finish working, ask the recorder from each group to list each strategy the group suggested for promoting the protective factors on the appropriate sheet of chart paper. Small groups should then remain seated together for the rest of the session.

6. Ask each recorder to report back to the larger group, briefly sharing highlights from their small-group discussions. Then as a large group, review the strategies listed on chart paper with participants.

Tip for the Trainer:

All families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need-to-know" basis. Before participants share their descriptions of children in the program, make sure they fully understand issues around confidentiality.

7. Distribute Handout 12–Where Are We? to participants. In small groups, have participants choose a specific child in the program with

problem behaviors. Groups should then use the handout to jointly assess how they are promoting each protective factor for the child, and then identify 2 action steps they could try in areas they want to strengthen. For each action step, participants should list who is responsible for carrying out the action step, and the target date for completion or evaluation.

> **Tip for the Trainer:**
>
> Have participants complete Handout 12–Where Are We? individually if team members are not participating in this workshop.

8. Reconvene the large group. Invite participants to share what they learned from their small-group discussions, and actions steps they will take to promote protective factors for individual children. Ask participants to refrain from using children's names during the large group discussion.

9. Invite participants to take an unmarked copy of Handout 11–Strategies to Support Resilience and Handout 12–Where Are We? back to their program. Suggest that they use these handouts with their team to jointly assess how well they promote protective factors for individual children, and then plan next steps.

Summing Up

Explain that the resilience approach is a hopeful and empowering one, and provides a new lens for viewing children with problem behaviors. As a first step of an intervention, this approach focuses on positive steps that adults can take to help children succeed in school and in life. Point out that when we analyze what is happening when a child with significant problem behaviors is doing well, we will most likely see protective factors at work: whether it is a special, cared-for person nearby; participation in an activity in which the child is interested; or meaningful involvement and responsibility in the classroom environment.

Emphasize that Head Start staff can play a key role in promoting protective factors for children, but teamwork is essential. Head Start staff must work together, as well as with parents and other professionals, to make a commitment to promote protective factors for children, and then work to develop, implement, and evaluate concrete strategies to help children succeed.

*Activity 2-3: Finding Strengths**

***Purpose*:** In this coaching session, participants focus on children's strengths, and identify steps they can take to support their resilience.

Preparation

This session has three parts: 1) a discussion of the resilience research; 2) identification of Head Start strategies for supporting children's resilience; and 3) development of a specific plan staff can use to capitalize on the strengths of, and promote protective factors for, a child with challenging behaviors in their classroom. At the end of the session, participants will receive an assignment: to implement the plan they developed, using running records to track and evaluate their plan's effectiveness; and to work with parents to help them focus on their child's areas of competence. To prepare for this session:

- Review all the directions and handouts for this session; also see the discussion about resilience and promoting protective factors in the Health training guide in this series, *Promoting Mental Health*, and the discussion about running records in the Education guide in this series, *Observation and Recording: Tools for Decision Making*.
- Duplicate Handout 8–Running Record Form (p. 56); Handout 10–Making a Difference (p. 60); Handout 11–Strategies to Support Resilience (p. 61); and Handout 12–Where Are We? (pp. 62-63): one for each participant.
- Arrange for an easel, chart paper, markers, and tape.

Conducting the Session

1. Welcome participants and briefly discuss the purpose of the session. Point out that Head Start staff can play a critical role in the lives of all children, including children with challenging behaviors.
2. Distribute Handout 10–Making a Difference to participants. Use this handout to present an overview of the protective factors that promote resilience. Ask participants to share examples from their own lives or the lives of children in their program that illustrate these points.

* Many ideas for this activity were adapted from the Health guide in this series, *Promoting Mental Health*, 1996.

3. Tell participants that in the next part of the session, they will focus on what they can do to promote protective factors for children. Distribute Handout 11–Strategies to Support Resilience. Use this handout to help participants brainstorm strategies that Head Start programs currently use or could use in the future to support each protective factor. Encourage participants to be as concrete and specific as possible, focusing on the classroom as well as other areas of the program (lunch, bus, etc.). Record major ideas on chart paper.

4. Tell participants that they will now focus on one child in their program whose behavior concerns them. They will assess how well their program promotes protective factors for this child, and what they, as Head Start staff, can do to "make a difference" for this child.

> **Tip for the Coach:**
>
> All families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need-to-know" basis. Before participants share their descriptions of children in the program, make sure they fully understand issues around confidentiality.

5. Distribute Handout 12–Where Are We? Ask participants to complete the first page of the handout, either individually or together. Allow several minutes.

> **Tip for the Coach:**
>
> Suggest to participants that they later use Handout 12–Where Are We? with their team to assess how well they promote protective factors for individual children.

6. With participants, discuss their assessments. Then help them use their assessments to identify 2 or 3 concrete action steps they, or the program, can take to promote protective factors for individual children. Ask participants to use this information to fill out the second page of Handout 12–Where Are We?

> **Tip for the Coach:**
>
> As participants brainstorm action steps, help them see how these steps relate to the strategies they generated earlier for supporting resilience.

Wrap-Up and Assignment

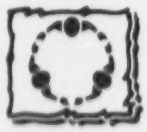
Explain that the resilience approach is a hopeful and empowering one, and provides a new lens for viewing children with problem behaviors. As a first step in an intervention, this approach focuses on positive steps that adults can take to help children succeed in school and in life. Point out that when we analyze what is happening when a child with a significant problem behavior is doing well, we will most likely see protective factors at work: whether it is a special, cared-for person nearby; participation in an activity in which the child is interested; or meaningful involvement and responsibility in the classroom environment.

Give participants their assignment. Ask them, over the course of the next few weeks, to implement the plan they developed to support an individual child with challenging behaviors. During this time, participants should also carefully observe the child's behaviors and interactions. Stress the importance of collecting data that captures not only the child's needs, but also the child's strengths and interests. As one mental health professional advised teachers, "Be a good observer. Catch them being good." Give several copies of Handout 8–Running Record Form to participants. Suggest that they use the record form to document their observations over time. Encourage participants to share at least one of the child's strengths with the child's parents, and involve them in "seeing" and learning to focus on their child's area of competence.

> **Tip for the Coach:**
>
> Activity 2-1: Take a Look, offers a more detailed discussion about using records to objectively document information about children's strengths and needs. Use information from this activity if you feel it is appropriate for your group of participants.

Close by emphasizing that Head Start staff can play a key role in promoting protective factors for children, but teamwork is essential. Head Start staff must work together, as well as with parents and other professionals, to make a commitment to promote protective factors for children, and then work to develop, implement, and evaluate concrete strategies to help children succeed.

Activity 2-4: Assessing the Classroom Environment



***Purpose*:** In this workshop activity, participants assess how the physical setup of the classroom, as well as classroom routines, can affect children's behavior. Based on their assessments, participants will develop a plan for adapting their classroom space and routines to meet the needs of children with significant problem behaviors.

Preparation

Arrange for: Easel, chart paper, markers, and tape

Duplicate:
- Handout 13–Trouble Spots (p. 64): one for each participant
- Handout 14–Checklist (pp. 65-66): one for each participant
- Handout 15–Adapting the Environment (p. 67): one for each participant
- Handout 16–Adapting Routines and Transitions (p. 68): one for each participant

Leading the Activity

1. Introduce the activity and review the agenda with participants. Explain that before we can design successful interventions for children, we must first make a number of assessments. First, we must assess individual *children*, their strengths, needs, and interests across different settings. Next, we must assess the *program* and its ability to promote protective factors for children. Finally, we must also assess the *classroom environment*, especially those areas that can pose difficulties for children. Tell participants that during this activity they will assess how the physical layout of the classroom and classroom routines influence children's behavior, and then develop action plans based on their assessments.

2. Ask participants to brainstorm areas where children with problem behaviors may experience difficulty in terms of the classroom space (for example, furniture arrangement, organization of space and materials) and routines (for example, mealtime, switching from one activity to another). Record responses on 2 different sheets of chart paper.

Tip for the Trainer:

Handout 13–Trouble Spots is designed for distribution after participants generate a list of areas where children often experience difficulties. However, if the group appears to be struggling, feel free to distribute the handout earlier, or use it yourself to guide the discussion.

3. Distribute and review Handout 13–Trouble Spots with participants, noting where the group-generated list and the handout are similar, and where they are different.

4. Assign participants to small groups of 5. Give each group one common problem that was identified in the large-group discussion or described in Handout 13–Trouble Spots. Ask for one volunteer from each small group to facilitate the discussion, one volunteer to report back to the large group, and one volunteer to record the main ideas on chart paper. Give each recorder 2 pieces of chart paper, and ask them to write one of the following headings on each sheet: "Strategies that Worked" and "Strategies that Didn't Work."

5. Tell participants that for the next 20 minutes they will work in small groups, brainstorming strategies they have used to address the problem they have been assigned. Tell them to identify strategies that have been successful, as well as strategies that have not worked. Encourage participants to note how specific strategies worked for some children, but not for others.

6. At the end of 20 minutes, ask the small groups to hang up their lists side by side. Ask the reporter from each small group to summarize the small group's responses. Then invite participants to share what they learned when they tried a strategy that did *not* work for them.

7. Distribute Handout 14–Checklist and review it with participants. Explain that teaching teams, along with parents, specialists, and managers, can use such checklists to assess the overall classroom environment. With participants, discuss how the steps suggested in

the checklist can help children through trouble spots. Point out where items on the checklist are similar to the group-generated strategies posted on chart paper.

8. Distribute Handout 15–Adapting the Environment, and Handout 16–Adapting Routines and Transitions. Suggest that participants use these tools with their team to pinpoint specific problem areas for individual children, identify adaptations that can be made, and monitor children's responses to the changes made. The "Strategies that Worked" list generated earlier by the group should give participants some ideas for new strategies to try back in their own classrooms.

Summing Up

Summarize the key points from the activity. Point out that sometimes we get stuck trying the same strategies again and again, even when they don't seem effective. In these cases, it is important to acknowledge when alternatives are needed; it is also important to focus on what *we* can change, such as classroom setup and routines. Emphasize that while a nurturing, developmentally appropriate classroom provides an essential backdrop for every strategy, it may not be enough to overcome a child's difficulties. In these instances, it is important to ask for additional support from the children's family, the teaching team, and supervisors. The mental health professional on your staff may also serve as a valuable resource. How and when to seek these supports is the focus of the next module.

Activity 2-5: Making Changes

***Purpose*:** In this coaching session, participants identify changes they can make to help children with challenging behaviors succeed in their classrooms.

Preparation

This session has three parts: 1) a review of the assignment from the previous coaching session, Activity 2–3: Finding Strengths; 2) a discussion of problems commonly experienced by children with challenging behaviors; and 3) identification of changes Head Start staff can make in the classroom to help children through common trouble spots. At the end of the session, participants will receive an assignment, which involves assessing their own classroom setup and using the results to implement needed adaptations. To prepare for this session:

- Review all directions and handouts for this session.
- Duplicate Handout 13–Trouble Spots (p. 64); Handout 14–Checklist (pp. 65-66); Handout 15–Adapting the Environment (p. 67); and Handout 16–Adapting Routines and Transitions (p. 68): one for each participant.
- Arrange for an easel, chart paper, markers, and tape.

Conducting the Session

1. Welcome participants and briefly discuss the purpose of today's session. Then tell participants that they will first spend time reviewing their assignment.

2. Ask participants to take out their notes from Handout 8–Running Record Form. Ask participants to take turns sharing what they noticed, not only about the needs of the child they observed, but also about the child's strengths. For example, in what situations does the child do well? When are the child's interactions most positive? What activities hold the child's interest? With participants, discuss how the information they collected could be used in planning an intervention for the child.

3. Tell participants that in planning interventions, Head Start staff must take children's strengths, needs, and interests into account. They must also assess their classrooms to identify what changes they can make both in the physical environment and in routines to help children with problem behaviors succeed.

4. Ask participants to brainstorm some areas where children with problem behaviors may experience difficulty in terms of the classroom

space (for example, furniture arrangement, organization of space and materials) and routines (for example, mealtime, switching from one activity to another).

> **Tip for the Coach:**
>
> Handout 13–Trouble Spots is designed for distribution after participants generate a list of areas where children often experience difficulties. However, if the group appears to be struggling, feel free to distribute the handout earlier, or use it yourself to guide the discussion.

5. Distribute and review Handout 13–Trouble Spots with participants, noting where the group-generated list and the handout are similar and where they are different. Then have participants choose one or two trouble spots from Handout 13–Trouble Spots or from the group discussion to focus on. Encourage participants to choose those areas that are particularly troublesome for the child they observed.

6. With participants, brainstorm strategies they have tried in the past that have been successful in addressing these problem areas, strategies that have *not* worked, as well as strategies that might work in the future. Record these ideas on chart paper.

7. Review the list of strategies, then ask participants to jot down one or two they will try in their own classrooms. Discuss these strategies with participants, encouraging them to be as concrete and specific as possible.

Wrap-Up and Assignment

Summarize the key points from the activity. Point out that sometimes we get stuck trying the same strategies again and again, even when they are not effective. In these cases, it is important to acknowledge when alternatives are needed. It is also important to focus on what *we* can change, such as classroom setup and routines.

Distribute Handout 14–Checklist, Handout 15–Adapting the Environment, and Handout 16–Adapting Routines and Transitions. For their assignment, ask participants to use these handouts to pinpoint specific problem areas for individual children, identify adaptations that will be made, and monitor the child's responses to the changes made. Encourage participants to share the results with a colleague or supervisor; and then use the results to strategize next steps.

Next Steps: Ideas to Extend Practice

As a supervisor, you can encourage and support staff members to practice what they have learned in this module. Some ways to accomplish this include:

1. Ask interested staff to work with their supervisors, the disabilities services coordinator, or the program's mental health professional to analyze developmental checklists and observation tools that the program currently uses (or plans to use). Ask staff to assess if these tools are deficit-based, focusing on the child's needs and problems, or strength-based, focusing on the child's strengths and interests across different areas. Invite staff to prepare a report including a set of recommendations (for example, possible adaptations to existing tools) based on their findings, and present them at the next management team meeting.

2. Feature a panel to help participants better understand a parent's point of view. For example, the panel might focus on the challenges of raising a child with significant emotional and behavioral problems, the realities of working with a myriad of service systems, the feelings parents may have of being blamed for their child's behavior, or strategies that foster parent-professional partnerships. Contact your local speakers' bureau or your regional Training and Technical Assistance (T/TA) provider to identify speakers for this session.

3. Involve staff in helping parents focus on their child's strengths. Some teachers, for instance, send notes home to parents on a weekly basis, reporting on the child's achievements, big or small. Another teacher turned empty coffee cans into "I Can" cans for each child. She began by depositing slips of paper that contained records of each child's successes ("I can do the zoo puzzle," "I can share crayons with my friends"). Then she sent the cans home with a big note, "PLEASE OPEN AND SEE WHAT'S INSIDE. THEN ADD SLIPS OF YOUR OWN AND RETURN." In this way, parents were encouraged to reinforce their children's successes, and parents and teachers had ongoing communication about strengths and accomplishments.

4. Look for ways to support parents and guardians to promote protective factors in the home. Perhaps a joint session on resilience, followed by teacher/parent communication about specific strategies, can support both parent and staff efforts. Staff might also develop a community resource list that parents could access, that includes information about programs that encourage children to establish close bonds with adults, such as foster grandparents, Big Brothers/Sisters, volunteer mentors, etc.

5. Have your staff view *Educating Peter*, the 1992 Academy Award winner for best documentary short subject. The movie is the story of Peter, a child with unpredictable behavior, and his classmates, as they "test the limits" of a classroom in which all students learn together. (Note: Peter is in a third grade class in a suburban Virginia public school, so the age of the children, the socioeconomic status of their families, and the activities in the classroom are quite different from what one would find in a Head Start program. However, the issues, challenges, feelings, and remarkable advances made by all involved are similar to the experiences of others who strive to provide an inclusive classroom for children with problem behaviors.) After viewing the film together, use the study guide that accompanies the video to elicit participants' reactions, concerns, and visions. (*Educating Peter* may be purchased from Ambrose Video Publishing, 1290 Avenue of the Americas, Suite 22-45, New York, NY 10104 for $79.95 plus shipping. Try your local library or your T/TA provider first to see if it is available for borrowing.)

Handout 8: Running Record Form*

Observer's Name: _____ Date: _____

Child Observed: _____ Child's Age: _____

Setting: _____

_____

_____

_____

Time of Observation: _____ Start: _____ End: _____

Narrative:

_____

_____

_____

_____

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_____

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_____

_____

_____

_____

*Adapted from the Education guide in this series, *Observation and Recording: Tools for Decision Making*, 1996.

Handout 9: Roles

Please read through your roles, then create a brief skit together. During the skit, be creative: make up your own dialogue and have fun. Just remember to follow the guidelines listed below. The skit should last about 5 minutes. When the scene begins, Eddie is playing quietly alone with his trucks. The other children are involved in different activities.

Eddie (a 4-year-old child)

You love to ride bikes, build with blocks, play cops and robbers, and make believe. You can turn the climbing structure into a jailhouse, a tricycle into a cop car, and a block into a gun.

You are a "collector." Every morning when you walk into the classroom, you collect the toys that are "yours" for the day. You are very protective of your collection. If another kid comes too close, you lash out. If an adult tries to stop or correct you, you become even angrier.

During the skit, you collect "your" toys and sit near your rug, building an elaborate city out of blocks. Four-year-old Diane peeks over your shoulder. Then she picks up a car from your pile.

You grab the car and whack Diane hard with it. When Claudia, the parent volunteer, comes over and tells you that your behavior is not acceptable, you push her, yell, and throw your toys.

During the skit, please include the following *very brief* instances so observers can get a glimmer of the "whole" you.

1) Say "Hi" to Claudia, ask where Janet is (you feel the beginning of a connection with Janet, the teacher), and then glance in Janet's direction to make sure she is there.

2) Early in the skit, connect ***briefly*** with Diane in a positive way: smile at her, help her, or show some small kindness, etc.

3) For a few moments, play happily with "your" toys, without getting distracted or being disruptive.

Handout 9: Roles (page 2)

Diane (a 4-year-old child)

You like Eddie. It's not that you talk a lot or even play together. But you like to watch him. Once in a while he is even nice to you. For you, Eddie is kind of like a magician or inventor, always able to turn things into something else. You know you're not supposed to get near "Eddie's things," the stuff he keeps on his carpet square. You know if you get too close, you'll probably end up getting hurt, but sometimes you just want to. . .

Eddie is now sitting next to his rug, building a city. You peek over Eddie's shoulder, then pick up a car from Eddie's pile. Eddie grabs the car and whacks you hard with it. You scream. . .

Claudia, parent volunteer

You used to volunteer in the classroom once a week. Now you're in the classroom as much as you can. You feel like you have to be there to make sure that the children are safe, especially now that Eddie's in the classroom.

You are now reading a picture book to Diane and Bobby. Diane leaves briefly to get a tissue. When you look up, you see Eddie hit Diane. You run over to her, hold her, and tell Eddie that his behavior is not acceptable. He jumps up, yells, pushes you, and then throws his toys.

Handout 9: Roles (page 3)

Janet, teacher

You like Eddie. Despite his very challenging behaviors, you feel there are moments when you are starting to connect with him. You tell Eddie daily that it's important to share, that the toys in the classroom belong to *all* the children. But no matter what you say, Eddie continues making his "collections." Then he guards them with his life. You know that what you're doing isn't working, but you don't know what else to try.

In the skit, you check on different groups of children during free play. Then Malia trips over a truck. You go to comfort her. You are wiping the tears off Malia's face when you hear Diane scream. You don't even have to look up to know what happened. You run over, check on Diane, and kneel beside Eddie . . .

Malia (a 4-year-old child)

You play in the doll corner happily. You see Diane as she goes to get a tissue. You run up to her, to see if she'll play house with you. But then you trip over a truck. You start to cry, though you're more frightened than hurt. Janet comes to comfort you. Just as Janet wipes the tears off your face, you hear Diane scream . . .

Bobby (a 4-year-old child)

You love it when Claudia reads. Right now you and Diane are listening to Claudia read your favorite picture book. During the story, Diane wanders away for a moment, but Claudia keeps on reading. Then you hear Diane scream . . . .

Handout 10: Making a Difference

- *Resilience* is the ability to recover quickly or bounce back from hard times and stressful events. Researchers have found that resilient children share certain qualities which help protect them from the damaging effects of negative life events and circumstances. There are also qualities in families, schools, and communities that can help children "weather the storm." These qualities are called *protective factors.*

- What are the protective factors that Head Start staff can promote to help children become more resilient? Most researchers and practitioners agree that the most crucial factor is the establishment of a close bond with an adult, whether it is a parent, a teacher, a volunteer, or someone else in the child's life. Many children who face and overcome great difficulties have reported later in their lives that it was a single adult who was their "lifeline," someone who was there for them. Surprisingly, many of these adults are unaware of the important contribution they have made to the child's well-being.

- Building positive relationships with children comes naturally for most Head Start staff. But when a child has difficulty relating to peers and adults, establishing relationships can be a challenge. Head Start staff should then take extra steps to identify a staff person to whom the child relates; often, it is the child himself who leads the way to this person. These special relationships are so important that they must be recognized, nurtured, and protected as much as possible over time. It is these relationships that provide the framework for every other intervention, the backdrop for every strategy.

- In addition to fostering a nurturing relationship, Head Start staff can promote other protective factors shown to help children become more resilient. Programs can provide children with opportunities for meaningful participation and responsibility; promote a culture of high expectations (not demanding or burdening expectations, but the belief that each child can make a contribution); and help children feel valued by recognizing their abilities in specific areas. By promoting these protective factors, programs can make a difference in the lives of *all* children, including children with challenging behaviors.

Handout 11: Strategies to Support Resilience

Identify concrete, realistic Head Start actions that could support each protective factor listed below.

Protective Factors	Head Start Strategies for Supporting These Factors
Child has caring relationship with at least one adult in the program.	
Child has opportunities for meaningful participation and responsibility.	
Program has a culture of high expectations for each child, the belief that each child can make a contribution.	
Program identifies and recognizes child's abilities in specific areas and connects to hope for the future.	

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Handout 12: Where Are We?

Choose a child in your program whose behavior concerns you. Then, individually or as a team, rate how well you think you and the program promote protective factors for the child in different areas. Use the scale below as a guide, then use the second table on page 2 to plan next steps.

1	2	3	4	5	6	7	8	9	10
Low				**Average**					**High**

Protective Factors	Head Start Strategies for Supporting These Factors
Child has caring relationship with at least one adult in the program.	_____
Child has opportunities for meaningful participation and responsibility.	_____
Program has a culture of high expectations for child.	_____
Program identifies and recognizes child's abilities in a specific area and connects to hope for the future.	_____

Handout 12: Where Are We? (page 2)

Factor to Work On	Two Action Steps	Person(s) Responsible	Re-Evaluation Date
	1.		
	2.		
	1.		
	2.		
	1.		
	2.		

Handout 13: Trouble Spots*

Dealing with Distractions

- Children with problem behaviors may move from object to object and from place to place, and have difficulty completing any given tasks. This lack of focus affects their ability to play and learn. It also affects their ability to participate in group activities. If someone enters the room, or if too many things are on the wall, they may simply lose their concentration.

- How can you organize space and materials to meet the needs of children with attention difficulties? Consider furniture arrangement, space and boundaries, room decoration, and how you introduce and organize materials.

Handling Transitions from One Activity to Another

- Children may have difficulty making transitions that occur during the day, such as getting settled in the morning, or switching from one activity to another. Even changes that most children would enjoy, such as a field trip to the zoo or a class party, can feel frightening and unsettling to a child with challenging behaviors.

- How can you plan your schedule to meet the needs of children with difficulties handling transitions? What types of cues can you offer to prepare children with different learning styles for upcoming changes?

Handling Transitions from One Adult to Another

- Children may have difficulty making transitions not only from one activity to another, but from one adult to another. Adults are not interchangeable: children may find it upsetting when new specialists, volunteers, or substitute teachers come into the classroom.

- In what ways can you place a special emphasis on predictable patterns of staff behavior and routines? For example, how could you help incoming visitors (parents, specialists, etc.) understand the ground rules and the daily routine of the classroom? How can you prepare children ahead of time for new faces?

*Adapted with permission from J. P. Brady and S. Grollman, Education Development Center, Inc. 1994. *Risk and Reality: Teaching Preschool Children Affected by Substance Abuse*. Washington, DC: U.S. Department of Health and Human Services.

Handout 14: Checklist*

You can take steps to adapt the child's physical world through furniture arrangement, space and boundaries, interest areas, materials labeling and storage, and decoration. Meet with one or two colleagues (parents, other volunteers who work in the classroom, specialists, managers, fellow teachers). Together, survey your space for the following issues:

ENVIRONMENTAL CHARACTERISTIC	Exists	Needs Improvement
SAFE		
A barrier in a room that prevents it from becoming a long running track		
Barriers such as bookcases or shelving that cannot be pushed over and that do not limit teachers' ability to visually scan the entire room		
Classroom equipment and furniture that has rounded, not sharp, edges		
A safe, fenced-in area outside that has impact-absorbing materials under climbers, slides, and swings		
Playgrounds that are checked each day for debris and broken glass or broken equipment		
ENGAGING		
Gross motor activities that utilize children's excess energy		
Interest areas that permit different activities and encourage choice for the children		
Materials, toys, and supplies that are on shelves or in cubbies, within children's reach (children's sense of independence grows if they can make their own choices and get the supplies they need)		
A variety of toys with plenty of each kind available, so that children just starting to share have many of one item to play with (it's better to have many of a few different kinds of toys than many different kinds but only one or two of each, to reduce tension and frustration)		

*Adapted with permission from C. Lang and J. P. Brady, Education Development Center, Inc. 1994. *Helping Children Affected by Substance Abuse: A Manual for the Head Start Management Team.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children, Youth and Families.

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Handout 14: Checklist (page 2)

CALMING		
Walls and floors that are painted in quiet colors		
Some walls that are bare; other walls and windows that are not overly decorated		
Barriers between areas that minimize distractions		
Carpeting (solid colored) in some areas that deadens sounds; in play areas, carpeting that is short enough so that blocks may be stacked without falling over and adding to children's frustration		
Sitting areas that include soft cushions		
Record player that has earphones (carefully regulated to avoid hearing damage) to help prevent one child's entertainment from becoming another child's nuisance		
Noisy areas (woodworking, blocks) that are situated away from quiet areas (reading)		
A quiet corner, nook, cranny, or alcove; an empty refrigerator box; or a little built-in loft that provides a place within the classroom not associated with punishment, where a child can retreat for a while with a stuffed animal or a book		
A cooling down area *outside* of the classroom (may be part of an office or any small, separated area) with stuffed pillows where a child can go in extreme cases to compose herself, while the teacher or aide stays in the doorway to keep the child safe without too much interruption		
An in-class bathroom, sink, water table, or individual dishpan/play basins where children may engage in calming water play, and use bath oils and finger-paints or other materials that allow children to let off steam		
OTHER		

Handout 15: Adapting the Environment*

With your classroom team, focus on a particular child who has difficulty in a specific area in your classroom environment (for example, blocks, outdoors, dramatic play, library, sand, and water table). Together, plan adaptations you can make to the area to engage the child's interests and tap his strengths.

Child: **Date:**

Area where child has most difficulty:

Describe the problems this child has in using this area:

What can you add to the area to help the child play there?

What can you remove from the area to help the child play there?

What could you do or say to help the child use this area?

Remember, changes should be made gradually, over time, so children won't be overwhelmed.

*Adapted with permission from Head Start Bureau. 1994. *Responding to Children Under Stress: A Skill-Based Training Guide for Classroom Teams.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children, Youth and Families.

Handout 16: Adapting Routines and Transitions*

With your classroom team, focus on a particular child who has difficulty with a routine (for example, circle time, eating) or transition (starting the day, getting ready to go home). Together, plan adaptations you can make to engage the child's interests and tap her strengths.

Child: **Date:**

Routine or transition where child has most difficulty:

How we handle the routine or transition now:

Does the child ever manage this routine or transition well? If so, under what circumstances (for example, who is with the child, time of day, etc.)?

How we can change what we do to make the routine or transition more comfortable for the child:

Remember, changes should be made gradually, over time, so children won't be overwhelmed.

*Adapted with permission from the Head Start Bureau. 1994. *Responding to Children Under Stress: A Skill-Based Training Guide for Classroom Teams.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children, Youth and Families.

Building a Supportive Environment

Outcomes

After completing this module, participants will be able to:

- Recognize their role in creating an environment that ensures everyone's physical safety and emotional well-being.
- Identify when and how to seek appropriate supports within the program and within the community to meet the needs of children with significant problem behaviors.
- Identify situations for which contingency plans are needed (for example, when a child's behavior poses a threat to himself or to others) and pinpoint the main components for each plan.

Key Concepts

- A safe, supportive environment, based on the value of caring, is directly related to the well-being of all children, as well as their families and the staff who serve them.
- While a safe and supportive environment provides a solid foundation for every program, it is not always enough. There are times when children need extra services. Staff and families, too, may need practical assistance and support from each other, from administrators, and from specialists in the community to maximize the child's full participation in the program.
- A critical component of a safe, supportive environment is developing contingency plans that prepare staff to respond appropriately to emergency situations.

Background Information

The combination of stresses that families face affect every program's capacity to create a safe, secure, and predictable classroom environment that supports all children as learners. To overcome these challenges, Head Start teachers as well as home visitors need to build partnerships with the child's most influential teachers, their parents. Head Start staff must also recognize situations in which it is not only appropriate, but necessary to seek support and practical assistance from peers, supervisors, and consultants. In addition, staff need to recognize when they need a "time out" for themselves.

Module 3

Even when Head Start staff take extra steps to help children with significant problem behaviors succeed, emergency situations may arise when children's behavior poses imminent danger to themselves or others. It is therefore important that programs develop contingency plans (written policies and procedures) that prepare all staff for responding to safety and health emergencies. These plans must comply with relevant and applicable law and regulations, as well as the Head Start Program Performance Standards, and respect of the rights of children and families. Well-thought-out, organized plans that draw upon the strengths and capacities of different staff members can help programs attend to children's needs, which include consistent attention from knowledgeable and caring adults, as well as a safe, supportive environment. In addition, these plans can reinforce the program-wide commitment to include children with problem behaviors, and strengthen the role that every Head Start staff member plays in helping all children succeed.

For an overview of the activities in this module, see At A Glance on pp. 5–7.

Trainer and Coach Preparation Notes:

Before leading the activities in this module, review the Questions and Answers about Children with Challenging Behaviors section that appears on pp. 8–10 in the Introduction.

Activity 3-1: Asking for Help

Purpose: In this workshop activity, participants will review the journal entries of a Head Start teacher who is struggling with a child with challenging behaviors. Participants will analyze the entries to identify times when it is important to seek additional information and support from families, the teaching team, supervisors, and specialists.

Preparation

Arrange for: Easel, chart paper, markers, and tape

Duplicate: Handout 17–Rose's Journal (pp. 87-88): one for each participant
Handout 18–Worksheet Questions (p. 89): one for each participant
Handout 19–Epilogue (p. 90): one for each participant

Leading the Activity

1. Introduce the activity and review the agenda with participants. Acknowledge that working with children with significant problem behaviors can be challenging. It is therefore critical for teaching teams to identify when and how to seek additional information and appropriate supports from children's families, other members of the teaching team, supervisors, and specialists. Tell participants that in this activity, they will identify situations in which additional supports may be needed by analyzing the journal entries of the Head Start teacher.

2. Divide participants into groups of 5. Ask for volunteers in each group to choose one of the following roles: reader of the journal entries, facilitator of small-group discussion, timekeeper, writer of responses on the worksheet, and person who reports back to the larger group. Distribute Handout 17–Rose's Journal to each participant.

3. Ask each "reader" to stand and take turns reading the journal entries aloud to the *entire* group of participants. Ask participants to briefly share their overall responses to Rose's journal entries.

4. Distribute Handout 18–Worksheet Questions, one to each participant. Tell participants they will have 20 minutes to discuss the questions in their small groups and to complete the worksheet.

5. At the end of 20 minutes, ask each reporter from the small groups to summarize the responses on the worksheet.

6. Use the Discussion Guide below to lead a large-group discussion.

7. Point out that Rose could have asked for help from a number of different people at a number of different times. Ask participants to brainstorm why Rose did *not* ask for help. Possible answers may include Rose's fear of seeming incompetent, or her desire to "fix" the problems by herself. Emphasize that even the most "expert" professionals seek help from colleagues. By learning to ask for help, we can grow as professionals, and gain the support and information we need to help children succeed.

8. Distribute Handout 19–Epilogue. Explain to participants that this handout has a few more entries from Rose's journal explaining how the situation was resolved in her program. Read the handout aloud as participants follow along.

9. Allow participants to briefly comment on how the situation was resolved in Rose's program. Ask participants: How have you used mental health professionals in your program? How might you plan to use them in the future?

Discussion Guide

Initially, Rose sees some warning signals (for example, Magda's inability to focus; her difficulty in developing positive relationships with other children). While Rose hopes it's just a matter of time before Magda becomes more comfortable in the program and settles down, the situation only grows worse.

Tip for the Trainer:

This is a good time to point out the importance of ongoing self-reflection and communication with peers and supervisors as essential ingredients for good teaching practice. Emphasize the importance of regularly scheduled meeting times to discuss classroom ideas and issues. In such meetings, teachers establish a rapport with each other and with their supervisors. This provides a valuable foundation and a "safe place" to bring concerns when things "go wrong." Point out that if perhaps Rose had had this kind of forum to present her initial concerns about Magda, things might have evolved differently.

As a Head Start teacher, Rose should not feel alone in this situation. She could have asked for additional information and support from a number of people.

Rose could have asked her immediate *supervisor* for:

- Additional information about Magda (for example, what other preschools Magda may have attended; what her experiences were like in those settings; what, if any, outside services Magda may be receiving, etc.) If this information was not available, or if Magda's mother had not signed a release form, the supervisor could suggest how to approach family members to get necessary and appropriate information.

- Emotional (as well as technical/professional) support. Working with children with significant problem behaviors can be challenging and frustrating at times. It is therefore important to find ways to express those feelings in a safe and supportive atmosphere in ways that don't compromise the confidentiality of the child and her family. Sometimes just acknowledging those feelings can help professionals move forward with renewed energy.

- Assistance in setting up a meeting with Magda's family, specialists, and the teaching team to share information and plan next steps. Such a meeting could provide Rose and her team with a better sense of Magda's strengths, interests, and needs in different areas and across different settings.

- A consultation with a mental health professional who could observe Magda in a variety of situations (at morning meeting, during free play) and offer feedback about approaches that might be more effective in meeting her needs.

Rose should have also turned to Magda's *family*. With the help of an interpreter (one who is knowledgeable about Magda's culture), Rose could have asked the family about Magda's strengths and interests, situations that Magda finds difficult, or strategies that they have used that were effective (or ineffective) for Magda. Rose could also have asked for their feelings and interpretation about Magda's behavior in the classroom, and what they think might help. Together, Rose and Magda's family could also develop a plan for sharing information about Magda on a regular basis.

Tip for the Trainer:

Remind participants that what people judge as "acceptable behavior" is often very subjective, and can be, in fact "culture bound." That is, what is considered unacceptable in one culture might be common practice, and reinforced, in another. This should be kept in mind when dealing with children from diverse cultures who may be exhibiting "challenging" behaviors. If the child's behavior is not dangerous, staff should gather facts about the behavior within the child's culture, before judging such behavior as "troubled," or planning interventions.

At the same time, point out that while cultural factors should be explored, they may not necessarily be accepted (that is, if the child's behavior is potentially dangerous, it should not be condoned, even if it is culture bound). Advise staff to seek consultation from cultural "experts" when challenging behavior seems to be supported by the child's culture.

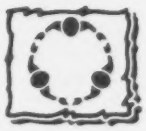
Rose could also turn to her *teaching team.* Together, they could share their observations, specifically about the circumstances in which Magda becomes dangerous to herself or others. Determining what happens before, during, and after Magda fights with other children may be a good place to start. In addition, the team should look for situations when Magda succeeds. Is she usually with a certain child or adult during those times? What are those moments like?

A coordinated approach, in which staff work together with specialists and Magda's family to systematically identify strengths and needs, discuss issues and barriers, and develop strategies, is essential for providing an integrated approach to services.

Summing Up

Acknowledge that a developmentally appropriate classroom environment is not always enough to overcome a child's difficulties. In these instances, Head Start staff need to ask for assistance from supervisors, from colleagues, and from the child's family. They should also seek the help of other specialists (for example, the program's mental health professional), when appropriate. Point out that journal writing is a tool we can use to reflect on our work, identifying the type of emotional and practical assistance we might need to help children succeed.

Activity 3-2: What If?



***Purpose*:** While Head Start staff can use a variety of techniques to prevent and manage classroom conflicts, emergency situations may arise when children pose imminent danger to themselves or others. This workshop activity will help participants identify emergency situations they may encounter while working with children with challenging behaviors, then develop contingency plans for handling these difficult situations.

Preparation

Staff and parent contributions are critical to the success of the plan that you will begin developing in this activity. Also, the plan cannot become a working part of program operations without Policy Council approval. Therefore, this workshop should ideally be conducted with representation from managers, direct line staff, and parents from the Policy Council. In order to facilitate the brainstorming session in the workshop you may also want to identify and make note of some emergency situations the program staff have already experienced.

Arrange for: Easel, chart paper, markers, and tape

Duplicate: Handout 20–Draft Contingency Plan (p. 91): one for each participant

Leading the Activity

1. Introduce the activity and review the agenda with participants. Acknowledge that a nurturing and well-organized classroom environment is not always enough to overcome a child's difficulties. Emergencies may arise when children pose an immediate danger to themselves or others. It is therefore important that programs develop contingency plans that promote a collaborative and comprehensive approach to ensuring everyone's physical safety and emotional well-being. These plans must prepare staff for responding to emergencies, respect the rights of children and families, and comply with the Head Start Program Performance Standards, as well as relevant laws and regulations.

2. Ask participants to brainstorm a list of situations (those they have experienced and others they might anticipate) when children pose an immediate danger to themselves or others (for example, when a child runs away, becomes physically aggressive, etc.). Record their suggestions on chart paper. Stop the brainstorming after about 3 minutes. Look over the list and choose 3 for discussion.

3. Distribute Handout 20–Draft Contingency Plan. With the entire group, discuss the key components of a contingency plan. Begin by reinforcing the purpose of the plan: keeping children and staff safe,

following laws, and maintaining everyone's dignity. Use the discussion guide below to outline the essential components.

4. Divide participants into small groups. Make sure each group contains a balance of staff, parents, and management team members. Assign each small group one emergency situation from the brainstormed list. Ask each group to use the questions in Handout 20–Draft Contingency Plan, as well as some of their own ideas, to develop a draft plan for that particular situation.

5. After 20 minutes, reconvene the larger group. Ask one person from each small group to share their group's plans. Record the major ideas on chart paper.

6. With participants, discuss what elements the different plans have in common. Participants may talk about the value of designating a contact person, the importance of establishing the teacher's role in the process once the situation has been reported, and strategies for informing and involving parents. Record these major features on chart paper. Stress the importance of these common elements as key features in any emergency plan.

Tip for the Trainer:

Save the chart paper recording different emergency situations that the program has faced (or could face), key components and common elements of contingency plans, as well as the draft plans themselves. These records can later serve as working documents for the crisis planning task force suggested in Next Steps.

Discussion Guide

- *Who will go to the child in crisis/trouble?* Decide who will be the "point person" in this situation. This person will be with the child until the immediate danger/emergency is over or another qualified, designated staff person can step in. Avoid having this designated person change too often during the response/intervention, without a strong rationale (for example the person stepping in has a special relationship to the child and the child responds positively to him). Point out how frightening it can be for a child to feel out of control and out of everyone else's control. If staff respond by losing control of themselves (for example, yelling), it is very likely the child's behavior will

take a turn for the worse. The "point person" may be any staff person: teacher, assistant teacher, classroom volunteer, or member of the management team.

Tip for the Trainer:

During this discussion, emphasize that the most important way to keep children safe is by taking steps to prevent emergencies, by defusing or de-escalating a situation before it becomes a crisis. However, there may be rare cases where restraining a child becomes necessary. Advise participants to include this topic in their contingency plans.

Remind participants that no one should restrain a child without training in: relevant laws and regulations related to this issue; guidelines on when restraining a child is and isn't appropriate; and procedures for restraining a child safely. Schools or programs in your community that specialize in working with children with significant problem behaviors may be a good source for such training.

- *Who will go to the other children in the class?* When the "point person" is involved with the child in crisis/trouble, someone else should assume her responsibilities for interacting with other children. This person should be capable of helping to ease the fears of other children who may be anxious about what is happening. This may be another teacher, a supervisor, or volunteer. Program staff will also need to consider whether children will need additional help once the immediate crisis is over.

- *What other adults should be contacted? Who should contact them?* It is important to let members of the program's management team know when an emergency arises. In fact, participants may want to plan that a classroom supervisor or program director be notified right away so that they can help in responding to the situation. In any case, decide who needs to know, at what point in the process this notification should happen, and who will be responsible for sharing the information.

- *Who informs the child's family?* Think about who on the staff has a good relationship with the family. This foundation may make communicating about difficult situations less stressful.

- *When and how should other families be informed?* For some emergencies, other families may have to be notified as well. Talk now about how to address the concerns of the child's classmates and their families. How much do they need to know? Who will be responsible for responding to their questions and concerns, and how should this be best accomplished?

- *How will the situation be debriefed and evaluated?* Debriefing and evaluating the team's response to an emergency situation after it has occurred is an important step. The process of debriefing need not be a lengthy one, but should include time for the following:

  — Acknowledging what happened, updating staff on the current status (or the outcome) of the crisis, and applauding staff efforts when appropriate.

  — Discussing how team members feel. Sometimes responding to a child in a crisis situation evokes strong feelings in adults. They may feel frustrated or powerless, or worried about their own physical safety or the safety of others. Allowing a safe place for staff to acknowledge their feelings and recognize them as "normal" can help them move forward.

  — Discussing how effective the response was. Did the team respond quickly, respectfully, and responsibly? Did everyone understand their role? Were they able to perform their responsibilities? Did the response quickly reduce any risk of injury to the child and others? How did the child respond? What do we need to do differently next time this happens?

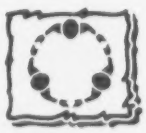
  — Planning next steps. Decide during this debriefing session what can be done to help avoid this situation in the future, if possible. Also identify which parts of the plan might need to be revised, and who will be responsible for drafting and distributing revisions.

Summing Up

According to the Head Start Program Performance Standards, programs must establish and implement policies and procedures for responding to health and safety emergencies. Developing these plans, and offering the training needed to carry them out, can help ensure that staff understand what they legally can and cannot do when an emergency arises. These plans also help staff do their jobs and keep children safe. A program's ability to anticipate and plan for emergencies can reduce the possibility that these situations will occur, escalate, or create additional trauma. Summarize the key elements of contingency plans and identify next steps.

Close the activity by reading Andre's Story, which appears in the Preface. Acknowledge that working with children with difficult behaviors is challenging for everyone: for children, for families, and for staff. Too often, teachers feel that they are "in it alone." But no *one* person is responsible. Emphasize that successfully including all children demands a comprehensive approach that involves *all* the players: parents, managers, specialists, teachers, and other staff. Only in this way will all the adults in the child's life have a unified plan, behave consistently, and not inadvertently "undo" successes. As Andre's Story illustrates, Head Start staff, as a team, can tap resources, access supports, and creatively find solutions to children's problems.

Activity 3-3: Finding the Support You Need



***Purpose*:** This workshop activity will provide participants with the opportunity to discuss what specific supports and resources have helped them in dealing with children's challenging behaviors in the past, and identify what systems they can use to take care of themselves.

Preparation

Arrange for: Easel, chart paper, markers, and tape

Duplicate: Handout 21–Cartoon (p. 92): one for each participant
Handout 22–Discussion Questions (p. 93): one for each participant
Handout 23–Survival Tips (pp. 94-95): one for each participant

Leading the Activity

1. Introduce the activity and review the agenda with participants.

> **Tip for the Trainer:**
>
> All families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need-to-know" basis. Before participants share their descriptions of children in the program, make sure they fully understand issues around confidentiality.

2. Distribute Handout 21–Cartoon. Ask participants to share the thoughts and feelings the image evokes. Acknowledge that there are times in working with children with significant problem behaviors when adults can feel frustrated and burned out, like *they* could use a "time out." Emphasize that at these times it is important to be able to tap into a network of support.

3. Lead participants in guided imagery. Ask participants to close their eyes and think about a child with problem behaviors. If possible, they should focus on a situation in which things were difficult initially, but improved so that they were able to eventually develop a positive relationship with the child. Direct them to think about what that child was like, the behavior they found particularly difficult, and how they responded to the child. How did they feel when they worked with the child? Even when things were difficult, what helped them to see possibilities? What kept them going?

4. Tell participants to open their eyes. Give each participant a copy of Handout 22–Discussion Questions.

5. Divide participants into small groups (5 to 7 participants) to answer each question on the handout and discuss their experiences. Ask one

volunteer from each group to serve as a reporter, and one volunteer to lead the small-group discussion.

Tip for the Trainer:

It may be easy for participants to dwell on negative experiences. Even if they cannot share an experience in which things changed, they will still be able to talk about what they did to cope and what kinds of support they received or felt they needed. For the discussion that follows, it's best to divide participants into groups in which a range of experiences can be shared. Pay particular attention to the participants who are not able to tell a success story yet. It's important to include them in a group where others have positive examples to share.

6. Reconvene the large group and ask each reporter to share. Record responses on chart paper, making note of similar themes or trends, such as having time/permission to "vent," or getting constructive ideas from other staff about how to approach things differently. Point out that just as we sometimes need to seek additional support for children, we must also recognize when *we* may need a "time out;" by learning to ask for help, we can receive the support and information we need to grow as professionals, and to help all children succeed.

7. With the group, identify what resources and systems currently exist in the program to support staff who work with children with problem behaviors. (Refer to questions 5, 7, and 8 of the Handout.)

   Is there a process that staff can use to seek practical and emotional assistance in difficult situations? Is it formal or informal? If not formal, would a more formalized system help? What could this system look like? Who should be involved in developing it? How should it be implemented?

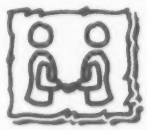
8. Distribute Handout 23–Survival Tips, a handout that was developed by a mental health professional who has worked with Head Start programs for years. Read the handout aloud while participants read along. Suggest that participants keep this handout as a resource that they can refer to, and add to, from time to time.

Summing Up

Conclude the session by emphasizing the importance of a wide range of supports for staff and parents who are struggling with children's challenging behaviors. These structures should include having a safe place and time to talk things out in an appropriate way with a peer or supervisor, as well as access to resources and practical ideas about how to address challenges staff face.

Module 3

Activity 3-4: Take Care of Yourself!



Purpose: Working with children with challenging behaviors on a daily basis can be difficult for Head Start staff. This coaching session will help participants recognize situations in which it is not only appropriate, but necessary to ask for help. In addition, participants will identify resources they can use to "take care of themselves" as they strive to meet the needs of children with challenging behaviors and their families.

Preparation

This session has three parts: 1) a review of situations in which staff should ask for extra help in supporting children with challenging behaviors; 2) a discussion of the different resources and supports that staff can utilize; and 3) an assignment in which participants practice strategies for successfully coping with the difficulties they face in dealing with children with challenging behaviors.

- Review all the directions and handouts for this session, and the Discussion Guide on pp. 72-73.
- Review Next Steps: Ideas to Extend Practice on p. 85.
- Duplicate Handout 17–Rose's Journal (pp. 87-88); Handout 18–Worksheet Questions (p. 89); Handout 21–Cartoon (p. 92); and Handout 23–Survival Tips (pp. 94-95): one for each participant.

Conducting the Session

1. Welcome participants and briefly discuss the purpose of the session. Remind participants that working with children with challenging behaviors can be difficult and frustrating. It is therefore important for staff to recognize when they might need assistance to meet the needs of children, as well as how to take steps to "care for the caregiver."

2. Distribute Handout 17–Rose's Journal and review it with participants. Review Rose's entries to the journal, and ask volunteers to share their ideas about them. Use the Discussion Guide on pp. 72-73 (Activity 3-1: Asking for Help) to guide the conversation. Ask participants: What are some situations when Rose could have asked for support? *Should* have asked? How might things have been different if Rose had asked for help?

Tip for the Coach:

Remind participants that all families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need-to-know" basis. Before participants share their descriptions of children in the program, make sure they fully understand issues around confidentiality.

3. Distribute Handout 18–Worksheet Questions and give participants time to go through the worksheet together. Then discuss answers with participants. Ask what they would do in different situations if they were in Rose's place. Focus on what supports they themselves have used in different situations in their own programs. Prompt a discussion with some questions: What happened? If they asked for help, at what point in the process did they ask? If they did not ask for help, why not? If faced with a similar difficulty in the future, what might they do to address it? Would their approach be different? If so, how?

Tip for the Coach:

Discussion about emotionally charged personal experiences can tend to be long and very detailed. Give each participant an opportunity to speak, but be sure to keep the conversation focused on the specifics of the personal situations being discussed, and what the solutions were or could have been, rather than merely "venting" about problems.

4. Point out that it is important to remember that we sometimes need to seek additional support for children, and especially for children with challenging behaviors. We must also recognize when we may need a "time out" ourselves. Point out that even the most "expert" professionals seek support when they realize it is needed. Many even build it in as a routine. By learning to ask for help, we can receive the support and information we need to grow as professionals, and to help all children succeed.

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Tip for the Coach:

If participants experience a situation in which they feel they need some additional professional help in dealing with a child with challenging behaviors, remind them that they can go to their supervisor to request that a mental health professional come into the classroom to observe the child, identify problem areas, and help staff brainstorm about possible intervention strategies.

5. Distribute Handout 21–Cartoon. Ask participants to share the thoughts/feelings the image evokes. Acknowledge that there are certainly times in working with children with challenging behaviors when you can feel frustrated and exhausted. Emphasize that it is during these times that it is most important to ask for help and to get support from supervisors or other resources.

6. Distribute Handout 23–Survival Tips, and review it with participants. Ask participants to respond to the list. Lead a discussion about what strategies they find work best for them. Encourage participants to add to the list.

Wrap-Up and Next Steps

Briefly summarize the session with participants. Point out that staff need to know where they can go to solve problems and plan interventions; staff also need to know where they can go to replenish themselves, to "care for the caretakers." Emphasize the importance of trying new strategies, and knowing when to turn to other people for guidance and support, both practical and emotional. Remind participants that Head Start staff must operate as a team when working with children with challenging behaviors. By working together, they can tap resources, access supports, and find creative solutions to children's problems.

Review Next Steps: Ideas to Extend Practice with participants. Together, select one option for continuing your collaborative work. Thank them for their participation, and confirm a time and place for a follow-up meeting.

Next Steps: Ideas to Extend Practice

As a supervisor, you can encourage and support staff members to practice what they have learned in this module. Ways to accomplish this include:

1. Continue to encourage reflective practice. Ask participants to use a tape recorder or a journal to record their interactions with children whose behavior they find challenging. Ask participants to note what works, what doesn't, what they are feeling, how they are reacting, and times they feel they need additional supports or information to help children succeed. Use this to help staff recognize where they have strengths, as well as where they have difficulty. Reassure staff that supervision is a legitimate place to raise concerns and share difficulties.

2. Host a panel that provides staff with a better understanding of different disorders that may affect children in their program, such as post-traumatic stress disorder (PTSD). (Many children with PTSD are reportedly misdiagnosed as having ADHD.) In addition to providing an overview of the disorder, panelists can also help staff identify warning signals that a child may have PTSD, assess when a referral or consultation is needed, and offer suggestions for creating classroom environments that are responsive to the needs of children with PTSD.

3. Form a task force to continue the work begun in Activity 3-2: What If? Be sure the task force represents direct line staff, managers, parents from the Policy Council, and your program's mental health professional. Charge the task force with developing contingency plans that prepare staff for responding appropriately to different emergencies that can impact everyone's mental health (for example, floods, fires, neighborhood violence). When developing these plans, ask task force members to review the Head Start Program Performance Standards, as well as federal and state regulations on relevant issues, such as confidentiality. In addition, the task force should develop its own policies to help staff identify the people who should be contacted when different crises occur; define the types of information that are required during such crises; and clarify the reporting procedures that are involved in the process. Such policies provide a basis for safe and respectful action and authority.

4. In Activity 3-3: Finding the Support You Need, staff identify the practical and emotional support that they themselves need as caregivers. Some teachers, for instance, make arrangements with other teachers in the program to take over the class in those moments when they need a brief but much needed "time out." Other staff have created support groups so that they can share their frustrations as well as their triumphs with colleagues. Form a committee for analyzing what formal and informal systems are already in place within the pro-

gram (for example, arrangements among teaching teams, with supervisors, mental health professionals, etc.), as well as what teachers feel is still needed.

5. Sponsor a biannual breakfast with representatives from mental health agencies in your community. Representatives can provide Head Start staff and families with an overview of community resources, the types of services that each agency provides, and procedures for facilitating referrals and consultations. These breakfasts can help Head Start staff form networks with representatives from community agencies, providing the face-to-face contact that is so vital when making referrals for children and their families.

6. The problem behaviors that teachers witness in the classroom are also likely to challenge family members at home. Providing respite for parents who have children with challenging behaviors can offer needed relief. Knowing that someone they trust is caring for their child, while they have time to care for themselves, can be a "life-saver." Involve staff in helping families identify community resources that offer respite care to families. You may also encourage staff to help families create informal systems, such as a "respite exchange," which is developed and carried out by Head Start families.

7. Head Start staff need to hear positive feedback when they are doing well. One teacher told us that the best help she received was when a supervisor observed her in the classroom. Later the supervisor told the teacher, "I don't know how you're managing as well as you are. Really, you are doing a great job. Please write down how you do it. I want to learn from you!" As a supervisor, find ways to acknowledge teachers and other staff for their commitment to meet the needs of children with challenging behaviors.

Handout 17: Rose's Journal

October 12

A new child came into my class today. Her name is Magda and she is four. She lives with her mom and an aunt. They both speak mostly Spanish, but Magda seems to speak both English and Spanish pretty well. I'm glad that there are a few other children in the class who speak Spanish too. Magda kept pretty close to them today, but she didn't say much.

October 20

I've been watching Magda pretty closely. She doesn't seem to really relate to anyone. And it's so hard for her to focus. During free play, she just wanders from activity to activity. And I've noticed that wherever she is, there's usually trouble: every day there is at least one minor incident. She'll poke kids. Or pull their hair. Or grab a toy out of someone's hand. Then yesterday she pushed Max off a swing. I told her that we don't do things like that in our class, that everyone needs to be safe. She said, "I didn't do it." Then she said, "I did it on accident."

October 24

We took the kids to the big playground today. One second Magda was going down the slide; the next thing I know, she's out of the gate, and bolting down Oxford Street. I yelled for her to stop, but she just kept running. When I finally caught up with her, I tried to be calm. I gently took her hand and said, "Let's go back now. You need to stay with the others. It's my job to keep you safe." When we got back to the playground, she raced around and around. Sometimes she just seems so fearless. I hope she'll begin to settle down soon, but I don't know.

Handout 17: Rose's Journal (page 2)

October 27

Magda's starting to have tantrums. It's hard to know what starts it. But suddenly, she'll just lose it. Then she bangs her fists against the wall and screams. Today, I tried to calm her down, but nothing seemed to work. Then Magda's mother walked into the room. She went right to Magda and hugged her tight. Magda cried quietly for a little while. Then she was quiet. After a while, Magda said, "Okay," to her mother. "Magda not a-scared. Magda okay."

November 3

Today, the kids were standing on line, when Magda scratched Max's face, then bit him. Max fell apart and so did Magda. All the kids were really scared. I am too. I always try to make sure that someone is keeping an eye on Magda, but with 17 kids in the classroom, I can't always be there. Neither can the assistant, or the parent volunteer. I just don't know what to do.

November 4

Max's father called me at home, demanding an explanation. He said his son was afraid to come to school. And he wasn't the only one. He's heard that other kids didn't feel safe, either. Then he said, "And why should they? The class is out of control . . . what are YOU going to do about it?" I wanted to assure him that things would get better, but I'm not so sure. . . I'm at the end of my rope.

Handout 18: Worksheet Questions

1. When is the first time Rose might have asked for help? From whom? Why?

2. What other journal entries are red flags indicating that the teaching team should ask for help? Who should they ask? What should they ask for?

3. What are the team's responsibilities to Magda, to the other children, to parents (including Magda's family), and to themselves?

4. What kinds of information, meetings, and community contacts could help the teaching team include Magda more effectively?

5. If you were a member of this teaching team, what management policies and supports would you want in place to prevent you from getting to the end of *your* rope?

Handout 19: Epilogue

November 12

I see a light at the end of the tunnel. I had a talk with my supervisor last week. Actually she came to me and said she noticed I was looking really stressed. I told her everything. First she said she wished I had come to her sooner. She came and observed in my classroom right away and we talked again about what I have tried so far. She made some helpful suggestions.

November 19

I met with my supervisor again and we decided that maybe what we need is some expert help. We don't want to wait any longer and have things stay the way they are, or get worse. The mental health professional we're hiring is not new to the community. She works at the clinic two blocks away, and she has worked with children Magda's age. She's going to come in and make some observations, and then meet with the two of us. I'm a little nervous about having a stranger in my room, especially an "expert." What if she thinks I'm the problem?

December 9

Things are really starting to look up! I'm so relieved. The mental health professional we hired is working out so well that our director is thinking about having her come more often and meet with more teachers and parents, even before problems arise. She really made me feel at ease when she came to observe in my class. She said right away that she wanted to make sure I knew she wasn't there to judge me. She made lots of helpful suggestions. I can already start to see little differences in how things are going with Magda. It really helped to have someone knowledgeable to talk to, someone I felt I could trust.

Handout 20: Draft Contingency Plan

Draft Contingency Plan for _____

- Who will go to the child in crisis/trouble?

- Who will go to the other children in the class?

- What other adults will be contacted?

- Who will contact them, and when?

- Who will inform the child's family?

- Other steps we plan to take:

- Debriefing and evaluation steps:

Handout 21: Cartoon*

102

*Reprinted with permission from J. Osler. 1996. Newton, MA: Education Development Center, Inc.

Handout 22: Discussion Questions

Discuss the questions or statements below with the members of your group.

When working with a child with very challenging behaviors, what has helped you? Be as specific as possible.

1. Was it something unique to you? (for example, the child's behavior was very difficult for others, but not as disturbing to you)

2. Was it something unique about the child? (for example, you noticed/appreciated something special about the child)

3. What kind of support did you give to the family?

4. What kind of support did you receive from the family?

5. How did your coworkers and supervisors help you?

6. Describe the support you received from your own friends and family members.

7. Did you receive any help from specialists? Please describe.

8. What program policies supported you in your work to include this particular child in your classroom?

Handout 23: Survival Tips*

1. Take the time to try to understand children's feelings and what they are trying to communicate through their behavior.

2. Plan your room and schedule for success (places to be quiet; places to safely let off steam; a schedule that follows children's rhythms; opportunities for movement and choice).

3. Plan activities that will interest children and constructively channel their behavior (water, sand, and other sensory experiences; physical activities such as tumbling; symbolic toys, such as dolls, that allow children to "play out" their experiences and feelings).

4. Speak softly and firmly at the child's eye level.

5. Children who are 3 and 4 years old do not yet have a fully developed concept of time, or logical reasoning skills. Avoid using "time outs" as punishment. Instead, have children who need time away from the rest of the group "help" an adult with a task or become engaged in another activity.

6. Find resources (for example, additional staff or volunteers) to provide extra sets of hands, or assign an assistant for one-on-one attention when a child needs extra support.

7. Reinforce good behavior: "catch" children being good.

8. Be sensitive to "trouble spots" (cleanup time, having to wait, getting ready to go home or other transitions, holidays).

9. Give lots of hugs.

10. Learn to work with parents. Keep communication open, and help them know that they are your partners in figuring out the best way to help their child succeed; stress that you are working to help children learn to manage their behavior, and feel good about themselves.

11. Don't feel guilty about "individualizing expectations," or having different rules for different children. If a child can't sit through circle time, for example, ask a volunteer to play quietly with the child away from the group instead.

*Adapted with permission from A. Eberhart-Wright. 1995. *Survival Tips for Teachers of Challenging Children.* Developed for Region VII Resource Access Project, Kansas City, KS.

Handout 23: Survival Tips (page 2)

12. Recognize the importance of continuity and predictability in children's lives. Be prepared for difficult behavior when routines and other things suddenly change.

13. Practice standing in the child's shoes. Under the circumstances of his or her life, how would you feel?

14. Practice talking, listening, and observing. Learn how to join a child's play so that you can facilitate prosocial behavior.

15. Ask the program's mental health professional (with parents' permission first) to help you understand the child's behavior, and map out a plan for meeting the child's needs.

16. Learn to recognize the signs of an impending crisis, and intervene before it happens.

17. KEEP LEARNING! Use your regional Training and Technical Assistance (T/TA) provider, a mental health professional, or the library to get current reading material to help you understand current child-care issues, including those related to children with challenging behaviors.

18. Keep your own reactions in check. Aim to respond calmly and rationally, not emotionally.

19. Make a goal to maintain your sense of humor. It will help you as well as others.

20. Always remember that you may be *the* person who can make a difference in this child's life!

Other:

Continuing Professional Development

Professional development experiences are most effective when there is follow-up support. Follow-up builds on the team's motivation and interest and helps them transfer new skills to the workplace. It can extend the learning that takes place in workshops or coaching sessions.

Research and practice indicate that follow-up is most effective when it is:

- planned as a key component of professional development activities
- supported by colleagues and supervisors
- designed together with the participant(s)
- based on the needs, interests, and learning style of the participant(s)

A survey is a simple method that can be used to assess the needs and interests of staff in your program. A sample survey appears at the end of this section.

Follow-Up Strategies

Once participants have selected their priorities, work together to design the content and approach of follow-up strategies. Below are several strategies that can be adapted to meet the needs of your staff. They can be used alone or together to help staff integrate what they have learned into their day-to-day practice.

Personal Learning Plans

"Personal Learning Plans" are an extension of "Back Home Plans" (see p. 27). Staff members create written plans for themselves, and then commit to specific action. Learning Plans help staff specify what they would like to learn (for example, working with consultants; advocacy skills), and how they would like to learn (for example, attend a course; observe others). As a supervisor, you can support participants by helping them create their plans. Once developed, meet with participants regularly to discuss their progress, identify needed resources, or plan next steps.

Peer Support Groups

In this strategy, a small group of staff (either a mixed group or staff in similar roles) meets regularly for information and support. They share successes, discuss concerns and problems, and try to find solutions to-

gether. Peer support groups can also help staff support each other with their Back Home Plans or Personal Learning Plans. Support groups have evolving agendas, based on the needs of the members and the tasks they select to work on together. Most frequently, support groups deal with practical issues and concerns that arise in the program. These groups can provide a safe haven where staff can go to solve problems and plan interventions; they can also offer staff the collegial support they need to help them "care for the caregiver." Because working with children with challenging behaviors can be stressful, peer support groups can be especially valuable. Depending on the needs and interests of the group, you may choose to be a member of the group, a facilitator, or an outside resource. A mental health professional might also serve as a facilitator.

Study Groups

Study groups can be used to refine and expand staff skills. In study groups, staff read journal articles and books, watch videos, or listen to speakers. They then meet to discuss how the content applies to their own roles in the program. Study group members meet regularly to learn more about research and practice, current thinking about inclusion, and new topics and issues. The Resources section offers suggestions for different sources that can be used for study group exploration.

Follow-up Materials

Perhaps the least time-consuming follow-up strategy involves sending written materials and resources to staff after the training activities are finished. These materials might include a reminder of the results of a session, questions to encourage journal writing or self-reflection, a letter that discusses the participant's involvement in the training activities and her success in applying new skills on the job, or an interesting article to read. Such follow-up materials can match the needs and interests of staff to the specific content or skill being learned.

Observation, On-the-Job Practice, and Feedback

Ideally, observation, practice, and feedback should be ongoing and routine. Observers can use a simple form to make notes for giving feedback. Forms can focus on specific skills (for example, adapting classroom activities to include children with challenging behaviors), or more general issues (for example, strategies used to foster inclusion in the program). As a supervisor, you might be the observer, or you might ask staff to observe you. Other possibilities include having new staff members observe

more experienced staff or having peers take turns observing each other. Programs have also learned the value of involving mental health professionals to observe, offer nonjudgmental feedback, and work with staff to brainstorm solutions.

This strategy is time-consuming and a bit difficult to arrange, but it is very effective and worth the effort. By observing others, staff will see different methods actually being used and will learn new skills along the way. Observation also promotes greater self-reflection, an essential skill for working effectively with others. By being observed in a nonthreatening way, participants can receive feedback about what works well, and what alternatives to explore. It also gives them a chance to practice new skills in their current roles.

Continued Training

Participants can extend their learning by taking courses at a local college, university, or adult learning center, or by attending other training sessions. Many institutions of higher learning offer courses in psychology, special education, and child and family development. Staff from your regional Training and Technical Assistance (T/TA) network may help teams identify and negotiate with colleges and universities for credited formal training that is responsive to members' needs. Also look for trainings offered for foster parents, or for child-care staff working at residential treatment centers.

Participants can also build on their skills by using the services of the T/TA network, by attending seminars sponsored by outside agencies, and by continuing to organize training sessions. When organizing, consider joining forces with other preschools, the Local Education Agency (LEA), and other professional organizations. Cosponsored training enables personnel to form networks, sets the stage for other cooperative ventures, and provides face-to-face contact between agencies. In addition, cosponsored training can multiply resources; when responsibility is shared, so are the costs.

Taking Action

With collegial support and assistance, staff can also work to educate others in the program or in the community about inclusion. They might want to investigate resources in the community and start a resource directory for staff and families, or set up a resource library with materials for parents, staff, and children (in the classroom). Such activities will enable staff to take a more active role in advocating for children and adults with disabilities in their programs and in their communities.

Continuing Professional Development

Professional Development Survey

Now that you have successfully completed this guide, what else would you like to learn or do? Below is a list of topics related to the outcomes of this guide. Place a check next to the topics that interest you. Then, in the first column, rank your top 3 choices. Follow-up activities will be designed based on your responses.

Top Three Choices	Check All that Apply	Outcomes
		I would like to learn more about . . .
_____	❑	The principles and practices necessary for meaningfully including children with challenging behaviors, and how I can advocate for them in the program and in the community.
_____	❑	Effective approaches for involving families of children with significant problem behaviors.
_____	❑	How I can gather information from different sources to better understand children with significant problem behaviors and to develop strategies to meet their individual needs.
_____	❑	How I can establish nurturing relationships with children with challenging behaviors.
_____	❑	How to recognize the signals that a child is in crisis and respond appropriately.
_____	❑	Specific disorders—their symptoms, and different types of resources/ interventions available: Attention Deficit/Hyperactivity Disorder Post-Traumatic Stress Disorder Pervasive Developmental Disorders Other (please specify): _____
_____	❑	How I can facilitate referrals and consultations and how I can help parents become better consumers of professional services.
_____	❑	How I can build relationships with specialists, such as mental health professionals, and incorporate their expertise into my day-to-day practice.
_____	❑	Ways to work more effectively as a team with parents, children, outside specialists, and other Head Start staff, to support children with challenging behaviors and their families.
_____	❑	Ways I can create a more positive classroom experience that fosters all children's self-confidence, problem-solving approaches, and social skills.
_____	❑	Other (please specify): _____

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Professional Development Survey (page 2)

Check All that Apply	Personal Learning Styles
	How do you think you learn best? Check all that apply.
❑	Reading and writing on my own, with occasional sessions with a colleague, a supervisor, or an expert consultant.
❑	Meeting with peers for an ongoing support group in which we discuss successes and concerns, and create solutions.
❑	Meeting with peers for an ongoing study group in which we read articles, have discussions, etc.
❑	Observing experienced staff members and peers, and having them observe me as I practice new skills.
❑	Meeting with my team (teacher, teaching assistant, parent, etc.) or staff in similar roles to develop Back Home Plans.
❑	Attending other training sessions or taking a course at a nearby college.
❑	Receiving written notes and material from my supervisor on topics that interest me.
❑	Other (please specify): _____

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Resources

Refer to the following resources to learn more about the key issues presented in this guide. This chapter is organized into four main sections: Print/Audiovisual Materials, Organizations, Journals/Periodicals, and Web Sites.

Print/Audiovisual Materials

American Orthopsychiatric Association. April 1994. *Strengthening mental health in Head Start: Pathways to quality improvement.* New York: American Orthopsychiatric Association.

This report, developed by the American Orthopsychiatric Association Task Force on Head Start and Mental Health, presents findings and recommendations for strengthening family support and mental health in Head Start.

Benard, B. August 1991. *Fostering resiliency in the family, school, and community.* Portland, Ore.: Northwest Regional Educational Laboratory.

This document provides an overview of resilience research and offers suggestions for promoting protective factors for children.

Brady, J.P., C. Lang, M. Posner, S. Grollman, and M. Rosati. 1994. *Risk and reality: Teaching preschool children affected by substance abuse.* Produced by Education Development Center, Inc. (EDC). Washington, DC: U.S. Dept. of Health and Human Services. Available from the National Archives Fulfillment Center (800) 788-6282.

This package for preschool teachers consists of a monograph, a teachers' guide and video demonstrating specific classroom interventions, and a literature review presenting current research findings.

Burke, J.C. 1992. *Decreasing classroom behavior problems: Practical guidelines for teachers.* San Diego, Calif.: Singular Publishing Group, Inc.

This book outlines techniques for classroom management, provides an overview of practical methods for assessing problem behaviors in the classroom and methods designed to address those behaviors, and presents information to help teachers evaluate the effectiveness of their programs.

Cambone, J. 1994. *Teaching troubled children: A case study in effective classroom practice.* New York: Teachers College Press.

The story of one teacher's experience with troubled children in a residential treatment center, this book provides a unique perspective on

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methods and philosophy regarding the education of children with challenging behaviors.

DGK & Co. 1994. *Responding to children under stress: A skill-based training guide for classroom teams.* Washington, DC.: U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Head Start Bureau.

This staff development program offers practical strategies for working with children who live in multistressed environments; it also provides ongoing support for classroom teams.

Demaree, M.A. 1994. *Resource File: Responding to violence in their lives: Creating nurturing environments for children with post-traumatic stress disorder.* Vol. 3. No. 6 . Newton, Mass.: New England Resource Access Project, Education Development Center, Inc. (617) 969-7100 ext. 2313.

This resource file offers strategies preschool teachers can use to meet the needs of children with post-traumatic stress disorder.

Essa, E. 1995. *A practical guide to solving preschool behavior problems. (Third ed.)* Albany, N.Y.: Delmar Publishers.

This "how-to" book provides step-by-step recommendations for addressing specific problem behaviors that commonly occur with young children, taking into account the influences of developmental, environmental, and health factors on children's behavior.

Gallas, K. 1994. *The languages of learning: How children talk, write, dance, draw, and sing their understanding of the world.* New York: Teachers College Press.

This book about narratives contains an excellent chapter called "'Bad' Boys in the Classroom."

Garbarino, J., N. Dubrow, K. Kostelny, and C. Pardo. 1992. *Children in danger: Coping with the consequences of community violence.* San Francisco: Jossey-Bass Publishers.

This book examines the effects of community violence on children's development, and gives suggestions about what schools can do to provide children with predictable and supportive environments to enhance their resilience.

Goldstein, S. 1995. *Understanding and managing children's classroom behavior.* New York: Wiley & Sons, Inc.

This book, written for teachers, physicians, and other professionals, is a practical guide to the diagnosis and treatment of children with ADHD.

Goodwin, T. and G. Wurzburg (producers). 1992. *Educating Peter.* New York: Ambrose Video Publishing (212) 265-7272; (212) 696-4545.

Educating Peter is the Academy Award-winning story of a child with Down syndrome and his classmates as they test the limits of a classroom in which all students learn together. As the camera follows Peter, the trials of coping with his unpredictable behavior are evident, but so are the remarkable advances made by Peter and his classmates.

Kaiser, C.E., Ph.D (producer). 1982. *Young and special: A video-based inservice for mainstreaming preschool children.* Circle Pines, Minn.: American Guidance Service (AGS) (800) 328-2560.

This inservice training course is designed to prepare early childhood teachers and aides for including children with disabilities in preschool settings. It includes leader and student guides, and 30 modules in documentary television format featuring scenarios, children, parents, and professionals in all major categories of special needs.

Kurcinka, M. 1991. *Raising your spirited child: A guide for parents whose child is more intense, spirited, perceptive, persistent, or energetic.* New York: Harper Collins.

This book offers helpful suggestions for appreciating a child's uniqueness and intensity, diffusing strong reactions, avoiding power struggles, and reducing conflict.

Lasher, M.G., I. Mattick, and F.J. Perkins. 1980. *Mainstreaming preschoolers: Children with emotional disturbance: A guide for teachers, parents, and others who work with emotionally disturbed preschoolers.* Washington, DC: U.S. Department of Health and Human Services.

Although parts of this guide are somewhat outdated, it continues to be a useful tool that teachers and parents can use to help children with significant emotional and behavioral problems learn and grow. Although the guide is now out of print and not available from the Head Start Publications Center, members of the Head Start management team or staff from the Training and Technical Assistance (T/TA) network may have copies of it.

Resources

Levin, D. 1994. *Teaching young children in violent times: Violence prevention and conflict resolution (PK–3).* Educators for Social Responsibility, 23 Garden Street, Cambridge, Mass. 02138 (617) 492-1764.

This comprehensive guide describes conflict resolution techniques for creating and maintaining a safe, secure classroom.

Los Angeles Unified School District. 1989. *Today's challenge: Teaching strategies for working with young children pre-natally exposed to drugs/alcohol.* Distributed free of charge by the Midwest Regional Center for Drug-Free Schools and Communities, 1900 Spring Road, Suite 300, Oak Brook, IL 60521 (708) 571-4710.

This excellent booklet provides guidelines for providing continuity and reliability through routines and rituals, and ways to facilitate smooth transitions from one activity to another.

McNellis, K., L. Hestness, G. Jesien, V. Petty, and B. Wolfe, Ph.D. 1987. *Special training for special needs.* Minneapolis: Project ETC/Exceptional Training for Caregivers and the Portage Project (612) 341-1177.

This is a comprehensive, competency-based training program for personnel working with young children with disabilities.

National Information Center for Children and Youth with Disabilities. 1996. *Briefing paper: Attention-Deficit/Hyperactivity Disorder.* Washington, DC: Academy for Educational Development.

This briefing paper outlines the emerging understanding of the primary features of ADHD. Topics include the importance of having evaluation team members who know what to look for in children, how to interview parents, and how to use behavior rating scales and accurately interpret the data needed for diagnosis.

Plenk, A.M. 1993. *Helping young children at risk: A psycho-educational approach.* Westport, Conn.: Praeger.

This book presents a range of intervention models used over the last 30 years at The Children's Center in Salt Lake City to help children with emotional difficulties succeed.

Provence, S. 1994. Helping young children channel their aggressive energies. In J. Osofsky and E. Fenichel (Eds.), *Hurt healing hope: Caring for infants and toddlers in violent environments,* (pp. 13–19). Arlington, Va.: Zero to Three Study Group on Violence.

This article offers suggestions for helping young children constructively channel their aggression.

Saifer, S. 1990. *Practical solutions to everyday problems: The early childhood teacher's manual.* St. Paul, Minn.: Redleaf Press.

This "how-to" book presents practical classroom management techniques and suggestions for teachers to develop effective, successful programs.

Saifer, S. and S. Skelding. 1995. Teaching tips for learning centers: Including children with challenging behaviors and intense emotional needs. *NHSA Journal* 13 (4): 33–38.

This article offers helpful tips for supporting young children with challenging behaviors.

Slaby, R., W.C. Roedell, D. Arezzo, and K. Hendrix. 1995. *Early violence prevention: Tools for teachers of young children.* Washington, DC: National Association for the Education of Young Children (NAEYC).

This book addresses the effects of exposure to violence in early childhood settings and strategies for reducing violence in the classroom.

Tobin, L. 1991. *What do you do with a child like this? Inside the lives of troubled children.* Duluth, Minn.: Whole Person Associates.

This book, written for teachers, parents, counselors, and psychologists, presents a wide variety of techniques for helping children with troubling behaviors, with a focus on understanding the child's needs.

U.S. Dept. of Health and Human Services. 1990. *Mental health directory.* Rockville, Md.: National Institute of Mental Health.

This directory contains state-by-state, regional listings of mental health programs. Available from the Center for Mental Health Services, 5600 Fishers Lane, Room 13103, Rockville, Md. 20857 (800) 789-2647.

Zabel, M.K. 1996. *Teaching young children with behavioral disorders.* Reston, Va.: Council for Exceptional Children (CEC) 800-232-7323.

This book provides a variety of options for structuring the learning environment to meet the needs of young children with behavioral disorders.

BEST COPY AVAILABLE

Zirpoli, T.J., and K.J. Melloy. 1993. *Behavior management: Applications for teachers and parents*. New York: Merrill Publishing.

This book provides parents, teachers, and other caregivers with the technical basics of applied behavior analysis, as well as everyday applications of behavior management, and presents the information in understandable language.

Organizations

Beach Center on Families and Disability
University of Kansas
3111 Haworth Hall
Lawrence, KS 66045-7516
(913) 864-7600; Fax (913) 864-7605

The Beach Center is a national rehabilitation research and training center with core funding from the National Institute of Disability and Rehabilitation Research (NIDRR) and the University of Kansas. It conducts research, training, and dissemination of information to families who have members with developmental disabilities, significant emotional disorders, and technology-support needs. The Center's *Families and Disability Newsletter* is published three times a year. A catalog listing many of the Center's publications, a descriptive brochure, and the newsletter are free upon request.

Children and Adults with Attention Deficit Disorders (CH.A.D.D.)
499 N.W. 70th Avenue
Suite 308
Plantation, FL 33317
(800) 233-4050

CH.A.D.D. is a nonprofit, parent-based organization formed to improve the lives of individuals with attention deficit disorders and their families. This organization offers family support, advocacy, and public and professional education. CH.A.D.D. also offers a range of resources for parents and teachers, such as information packets and an extensive network of parent support groups across the country.

Council for Exceptional Children (CEC)
Division of Early Childhood (DEC)
1920 Association Drive
Reston, VA 22091-1589
(703) 620-3660

The Council for Exceptional Children (CEC) is the largest international professional organization committed to improving educational outcomes for individuals with disabilities. Members receive *Exceptional Children*, the research journal; *Teaching Exceptional Children*, a practical, classroom-oriented magazine; and a newsletter, *Exceptional Times*. CEC is the home of the Educational Resources Information Center (ERIC) Clearinghouse on Handicapped and Gifted Children.

Federation of Families for Children's Mental Health
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7710
http://www.psych.med.umich.edu/web/aacap/fedfcmh.htm

This national, parent-run organization addresses the unique needs of children and youth with emotional, behavioral, or mental disorders and their families. The Federation provides information about and engages in advocacy regarding research, prevention, early intervention, family support, education, and transition services.

Head Start Training and Technical Assistance (T/TA) Network

The national T/TA network supports local Head Start programs on a range of issues, including improving services for children with disabilities. Contact your Administration for Children and Families Regional Office for the phone number for the T/TA provider in your region.

National Clearinghouse on Family Support and Children's Mental Health
Portland State University
P.O. Box 751
Portland, OR 97207-0751
(800) 628-1696, (503) 725-4040

This clearinghouse offers information and referral for parents, professionals, and policymakers on issues related to children's mental, emotional, and behavioral disorders. Numerous publications are available, including *National Directory of Organizations Serving Children and Youth with Emotional and Behavioral Disorders*, and free fact sheets and state resource files.

Resources

National Information Center for Children and Youth with Disabilities (NICHCY)
P.O. Box 1492
Washington, DC 20013-1492
(800) 999-5599

NICHCY is a clearinghouse that provides information and services on disabilities and disability-related issues. NICHCY offers technical assistance to parent and professional groups, referrals to other organizations, and various materials on a wide range of disability-related issues (available in English and Spanish). All materials and services are provided free of charge. NICHCY's newsletter, *News Digest*, is published three times a year.

National Mental Health Association (NMHA)
1021 Prince Street
Alexandria, VA 22314-2971
(800) 969-6642

The NMHA, through its national office and more than 300 affiliates nationwide, addresses all aspects of mental health and mental illnesses through advocacy, public education, information, and referral.

National Parent Network on Disabilities (NPND)
1600 Prince Street, #115
Alexandria, VA 22314
(703) 684-6763

This national network was established to provide representation and a personal voice for parents of children, youth, and adults with disabilities. NPND shares information and resources in order to promote and support the power of parents to influence policy issues concerning the needs of people with disabilities and their families.

Journals/Periodicals

Reclaiming Children and Youth: Journal of Emotional and Behavioral Problems

1610 West Third Street
P.O. Box 55
Bloomington, IN 47402

This quarterly journal features articles written by and for teachers and other professionals working with children with significant emotional and behavioral problems.

Web Sites

http://www.edc.org/FSC/NCIP

The National Center to Improve Practice (NCIP) through Technology, Media, and Materials. This site, operated by NCIP at Education Development Center, offers a facilitated discussion forum on children with disabilities, a collection of resources about technology and special education, and links to other disability-related resources.

http://www.hood.edu/seri/serihome.htm

Special Education Resources on the Internet (SERI). SERI has links to numerous disability-related sites, including national organizations and resources for parents and educators.

http://www.cec.sped.org

The Council for Exceptional Children (CEC). CEC offers information about public policy and legislation, professional development events, and materials related to children with disabilities. This site also includes previews of articles in upcoming issues of CEC's journals, *Exceptional Children* and *TEACHING Exceptional Children*.

http://www.nectas.unc.edu/

The home page of National Early Childhood Technical Assistance System (NEC*TAS) provides an overview of organizational goals and services, as well as reports related to developing and implementing comprehensive services for young children with disabilities and their families.

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